

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000022380

Entity Name: GIZMO TRUCKING, INC.

FILED  
Jul 08, 2007  
Secretary of State

## Current Principal Place of Business:

2190 TWISTER PINE RD  
OCOEE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

7343 HABBERSHAM DR  
ORLANDO, FL 32818

## New Mailing Address:

FEI Number: 59-3701850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAJDHARRY, NITEJA  
2190 TWISTED PINE RD  
OCOEE, FL 34761 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TAJDHARRY, NITEJA  
Address: 2190 TWISTED PINE RD  
City-St-Zip: OCOEE, FL 34761

Title: TR ( ) Delete  
Name: GAJADHAR, STEPHEN  
Address: 2190 TWISTED PINE RD  
City-St-Zip: OCOEE, FL 34761

Title: TR ( ) Delete  
Name: MONDESIR, JEAN  
Address: 2190 TWISTED PINE RD  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR ( ) Change (X) Addition  
Name: SARJOO, ROBIN  
Address: 2190 TWISTED PINE ROAD  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NITEJA TAJDHARRY

PD

07/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date