

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90218 001 ***150.00

DOCUMENT # P01000024415

1. Entity Name
GILLES POULIOT TRUCKING, INC.



Principal Place of Business
**7800 W OAKLAND PARK BLVD.
BLDG "G"
SUNRISE, FL 33351**

Mailing Address
**7800 W OAKLAND PARK BLVD.
BLDG "G"
SUNRISE, FL 33351**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POULIOT, GILLES
2507 SHERIDAN STREET
HOLLYWOOD, FL 33020
New Address
5181 W. OAKLAND PARK BLVD
APP 110
LAUDERDALE LAKE
FL. 33313

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POULIOT, GILLES
STREET ADDRESS	2507 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	GILLES-POULIOT
NAME	
STREET ADDRESS	5181 W OAKLAND PARK BLVD
CITY-ST-ZIP	APP 110
	LAUDERDALE-LAKE
	FL. 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gilles Pouliot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06 954-6183212
Date Daytime Phone #