


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90180 030 \*\*\*150.00

<b>DOCUMENT # P01000031506</b> 1. Entity Name <b>SEVEN SEAS TRUCKING INC.</b>	
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Principal Place of Business <b>P.O. BOX 227338 MIAMI, FL 33122</b>	Mailing Address <b>P.O. BOX 227338 MIAMI, FL 33122</b>
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**DO NOT WRITE IN THIS SPACE**

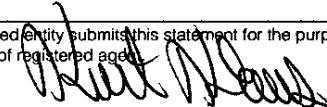
50048121  
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>57-1118909</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLAUS, KURT JR  
3191 CORAL WAY  
SUITE 402-A  
MIAMI, FL 33145**

**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  **Kurt Klaus Jr.** **4/29/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

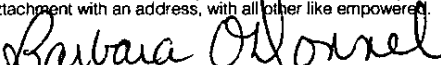
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'DONNELL, BARBRA 10887 NW 17TH STREET MIAMI, FL 33172</b> <i>Donnel Barbara 9456 NW 54 DORAL Circle Lane MIAMI FL 33178</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ALFREDO ALVAREZ 2257 W 55 ST Hialeah, FL 33016</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Barbara O'Donnel** **Apr. 128, 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #