

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90045 002 \*\*\*158.75

**DOCUMENT # P01000031506**

1. Entity Name  
**SEVEN SEAS TRUCKING INC.**



Principal Place of Business  
**P.O. BOX 227338  
MIAMI, FL 33122**

Mailing Address  
**P.O. BOX 227338  
MIAMI, FL 33122**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1118909**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**KLAUS, KURT JR  
9191 CORAL WAY  
SUITE 402-A  
MIAMI, FL 33145**

*10720 Caribbean Blvd  
Ste 120  
Miami, FL 33189*

**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.* *Kurt Klaus Jr.* *1/13/2006*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents 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	D
NAME	O'DONNELL, BARBRA
STREET ADDRESS	9456 NW 54 DORAL CIRCLE LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	P
NAME	ALVAREZ, ALFREDO
STREET ADDRESS	2257 W 55 ST
CITY-ST-ZIP	HIALEAH, FL 33016
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:** *Barbara O'Donnell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *305 466 4497* Daytime Phone #