

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90026 016 ***150.00

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06232006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000039727			
1. Entity Name EXCLUSIVE TRUCKING SERVICES INC.			
Principal Place of Business 957 NW 132 AVE WEST MIAMI, FL 33182		Mailing Address 957 NW 132 AVE WEST MIAMI, FL 33182	
2. Principal Place of Business 12811 NW 6 ST Suite, Apt. #, etc.		3. Mailing Address 11380 NW 36 TERR Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip Country 33182		City & State DORAL, FLORIDA Zip Country 33178	
4. FEI Number 65-1096893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, PEDRO 957 NW 132 AVE WEST MIAMI, FL 33182		7. Name and Address of New Registered Agent Name MARTINEZ, PEDRO Street Address (P.O. Box Number is Not Acceptable) 12811 NW 6 ST City MIAMI FL Zip Code 33182	
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 reappointing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, PEDRO 957 NW 132 AVE WEST MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, PEDRO 12811 NW 6 ST MIAMI, FLORIDA 33182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		6/30/06 786-586-6478	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	