2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

| DOCUMENT | #P01 | 100005 | 1984 |
|----------|------|--------|------|
| | | | |

1. Entity Name

IVAN TRUCKING CORPORATION



Principal Place of Business

1510 SW 138 AVE. MIAMI, FL 33184 Mailing Address

1510 SW 138 AVE. MIAMI, FL 33184



DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1107997 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

5. Name and Address of Current Registered Agent

PORTAL, IVAN 1510 SW 138TH AVE. MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

| | 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. the obligations of registered agent. | I am familiar with, and accept |
|---|--|--------------------------------|
| S | IGNATURE | |

(NOTE Registered Agent signature required when reinstating)

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

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees //08900489805 04/18/06-80028-815 150.**00**

OFFICERS AND DIRECTORS 10. PSTD TITLE PORTAL, IVAN NAME STRLET ADDRESS 11535 SW 57TH ST MIAMI, FL 33173 CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY -ST - 202 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1177.E NAME STREET ADDRESS CHTY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable,

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 outh, 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 attacoment with an address, with all other like empowered.

SIGNATURE:

NAME
SITEET ADDRESS
CITY-ST-ZIP
TITLE
NAME
SIREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/27/06 (352)4272631