

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 019 ***150.00

DOCUMENT # P01000080273

1. Entity Name
CANJAM TRUCKING, INC.



Principal Place of Business
**441 SW 22 TERRACE
FORT LAUDERDALE, FL 33312**

Mailing Address
**441 SW 22 TERRACE
FORT LAUDERDALE, FL 33312**

50061982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1159272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAGER, CHARMAINE
5820 NW 12TH ST, STE G
SUNRISE, FL 33313**

7. Name and Address of New Registered Agent

Name **VERA MANNING-BROWN**
Street Address (P.O. Box Number is Not Acceptable)
441 SW 22 TERRACE
City **FT. LAUDERDALE FL** Zip Code **33312**

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 **VERA MANNING-BROWN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Vera Manning-Brown 8/11/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE **D** ☐ Delete
NAME **ALLEN, WINSTON**
STREET ADDRESS **5820 NW 12TH ST. STE G**
CITY-ST-ZIP **SUNRISE, FL 33313**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **441 SW 22 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #