2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State

ANNOAL NEI ONI						Secretary or State				
DOCUMENT # P0200001760 1. Entity Name T.W. TRUCKING & DISTRIBUTORS SERVICE, INC.					02-03-2006 90002 028 ***150.00					
Principal Place of Business 6451 SW 15TH CT POMPANO BCH, FL 33068		Mailing Address 6451 SW 15TH CT POMPANO BCH, FL 33068								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232006	Chg-P	CR2E	034 (11/05)			
City & State		City & State			4. FEI Number 30-000	-0007433 Not App			plied For t Applicable	
Zip			Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered	Agent		
MAHADEO, TONY C 6451 SW 15TH CT			•	Name Street Address (P.O. Box Number is Not Acceptable)						
	O BCH, FL 33068									
			City			FL	Zip Cod	9		
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										
O. Floring Compaign Streeting										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.					led to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FFICERS AND	DIRECTOR:	S IN 11	
title Name	DPST : MAHADEO, TONY C	☐ Delete	TITLE	1				Change	☐ Addition	
STREET AODRESS CITY-ST-ZIP	6451 SW 15TH CT POMPANO BCH, FL 33068			ET ADDRESS · ST-ZIP						
TITLE	POWIFAINO BOTI, PE 33008	☐ Delete	TITLE				· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	E Et adoress						
CITY-ST-ZIP				-\$I-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	i				☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
TITLE NAME		☐ Delete	TITLE	1				☐ Change	☐ Addition	
STREET ADORESS			STREE	ET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-	-ST-ZIP				☐ Change	☐ Addition	
NAME			NAME	E						
STREET ADORESS CITY-ST-ZIP			•	ET ADDRESS - ST - ZIP						
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition	
STREET ADORESS			STREE	ET ADDRESS						
, MIT-31-ZIP	L		GIT-	-ST-ZIP						

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:

JONEY C. Mahacle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06.

Daytime Phone #