

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90017 049 ***158.50

DOCUMENT # P02000021391

1. Entity Name
ALEXIS TRUCKING, INC.



Principal Place of Business
2871 NW 8 CT
FORT LAUDERDALE, FL 33311

Mailing Address
2871 NW 8 CT
FORT LAUDERDALE, FL 33311

40018752



2. Principal Place of Business

2871 NW 8 CT

Suite, Apt. #, etc.

3. Mailing Address

2871 NW 8 CT

Suite, Apt. #, etc.

02042005

Chg-P

CR2E034 (10/03)

City & State

Fort Lauderdale Florida

City & State

Fort Lauderdale Florida

4. FEI Number

04-3612274

Applied For

Not Applicable

Zip

Country

33311 U.S.A.

Zip

Country

33311 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MARAGH
MEACH HAROLD
2871 NW 8TH CT.
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name MARAGH HAROLD

Street Address (P.O. Box Number is Not Acceptable)

2871 NW 8 CT

City Fort Lauderdale

FL

Zip Code 33311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARAGH, HAROLD	
STREET ADDRESS	2871 NORTHWEST 8TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MARAGH, MARJORIE	
STREET ADDRESS	2871 NORTHWEST 8TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02. 14. 05 Date 854 873 Daytime Phone 0184.