2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000058749

1. Entity Name
FAZAL TRUCKING, INC.

Principal Place of Business	Mailing Address
17325 AUTUMN PINES CT. CLERMONT, FL 34711	17325 AUTUMN PINES CT. CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

66019041

04242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0448088	Not Applicable

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

6. Name and Address of Current Registered Agent

FAZAL, KHALIFAW
17325 AUTUMN PINES CT.
CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00

9. Election Campaign Financing $5.00 May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FAZAL, KHALIFAW
STREET ADDRESS	17325 AUTUMN PINES CT.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	Fazal, Tamenah, Title: VPS
STREET ADDRESS	17325 Autumn Pines ct
CITY-ST-ZIP	Clermont, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Tamenah Fazal_ Tamenah Fazal   04-30-07   (352) 242-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #