
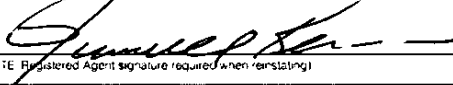
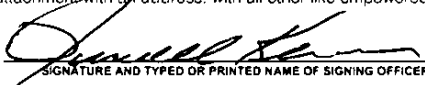


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90008 011 ***150.00

DOCUMENT # P02000106702 1. Entity Name SMOKIN' DIESEL TRANSPORTATION, INC.					
Principal Place of Business 34985 SW 188 PL #506 HOMESTEAD, FL 33034			Mailing Address PO BOX 349380 HOMESTEAD, FL 33034		
2. Principal Place of Business - No P.O. Box # 18747 SW 350th Street Suite, Apt. #, etc.		3. Mailing Address 18747 SW 350th Street Suite, Apt. #, etc.			
City & State Homestead FL Zip Country 33034 Dade		City & State Homestead FL Zip Country 33034 Dade		4. FEI Number 30-0115642	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034				7. Name and Address of New Registered Agent Name Kemner, Russell W. Street Address (P.O. Box Number is Not Acceptable) 18747 SW 350th Street City Homestead FL Zip Code 33034	
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  3-17-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RUSSELL W 34985 SW 188 PL #506 HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kemner, Russell W. 18747 SW 350 th Street Homestead, FL 33034
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMNER, RACHEL 34985 SW 188 PL #506 HOMESTEAD, FL 33034
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Russell W. Kemner 3-10-07 (305) 242-9963 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					