


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90190 035 ***150.00

DOCUMENT # P02000107129		
1. Entity Name RO-NAN TRUCKING CORP		

Principal Place of Business 8920 NW 8 STREET APT 310 MIAMI, FL 33172	Mailing Address 8920 NW 8 STREET APT 310 MIAMI, FL 33172
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60033790

2. Principal Place of Business - No P.O. Box # 1610 SE 23 way	3. Mailing Address 1610 SE 23 way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Homestead FL	City & State Homestead, FL	4. FEI Number 42-1553039-	Applied For <input type="checkbox"/> Not Applicable
Zip 33035	Country U.S.A.	Zip 33035	Country U.S.A.



03192008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ROSTRAN, RONALD E 1091 W 59 PLACE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Ronald E. Rostran* DATE: 4/24/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSTRAN, RONALD E 1091 W 59 PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ronald E. Rostran* DATE: 4/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR