2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

05 SEP 20 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000008504

1. Entity Name
STRICTLY TRAILERS, INC.

09122005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9137 SW 72 AVE #K-2 MIAMI, FL 33156	9137 SW 72 AVE #K-2 MIAMI, FL 33156

2. Principal Place of Business	3. Mailing Address
10025 SW 213 Ter	PO Box 566133
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami, FL
Zip: 33189 Country: Dade	Zip: 33256 Country: Dade

4. FEI Number: 16-1660947 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUJOLS, JOSE R ESQ. 2701 W. LEJEUNE ROAD SUITE 401 CORAL GABLES, FL 33134	Name: Kevin Charlton Street Address (P.O. Box Number is Not Acceptable): 10025 SW 213 Ter City: Miami FL Zip Code: 33189

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: _____

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRES CHARLTON, KEVIN PRES 9137 SW 72 AVE #K-2 MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Kevin Charlton P.O. Box 566133 Miami, FL 33256	☒ Change ☐ Add'l'on
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	500060203465 10/04/05--01011--013 **150.00	☐ Change ☐ Add'l'on
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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR