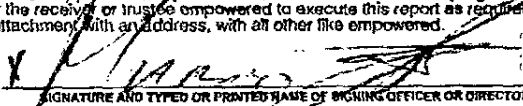


FILED
Mar 13, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000064564			
1. Entity Name 18 WHEELS TRANSPORT CORPORATION			
Principal Place of Business 30232 S.W. 157TH PLACE HOMESTEAD, FL 33030		Mailing Address P.O. BOX 901425 HOMESTEAD, FL 33090	
DO NOT WRITE IN THIS SPACE			
		 02142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0055784	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIO, PEREZ 30232 S.W. 157TH PL. HOMESTEAD, FL 33030		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees 100000463726 03/21/06-00089-005 150.00
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	MARIO, PEREZ		
STREET ADDRESS	30232 S.W. 157TH PL.		
CITY-ST-ZIP	HOMESTEAD, FL 33030		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		2/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	