2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 13, 2006 08:00 AM **Secretary of State DOCUMENT # P03000065766** LINES TRUCKING SERVICE INC Malling Address Principal Place of Business 150 SW 52 PLACE MIAMI, FL 33134 150 SW 52 PLACE MIAMI, FL 33134 No Chg-P CR2E034 (11/05) 03102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 37-1468640 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BANOS JR., EVELIO 150 SW 52 PLACE MIAMI, FL 33134 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, typed or printed name of registered agent and little it applicable. DATE (NOTE: Registered Agent signature required when reinstating) (100000-753403 n3/21/06-80079-009 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PT BANOS JR., EVELIO NAME STREET ADDRESS 150 SW 52 PLACE CITY-ST-ZIP MIAMI, FL 33134 VP.S GOMEZ, ARELYS NAME STREET ADDRESS 150 SW 52 PLACE City-St-Zip MIAMI, FL 33134 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED