

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066999

FILED
Apr 12, 2005
Secretary of State

Entity Name: TRANSLINE FLATBED SERVICES, INC.

Current Principal Place of Business:

4900 NW 10TH AVE.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 370621
MIAMI, FL 331370621

New Mailing Address:

FEI Number: 20-0049619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BARON BB BARINAS
5701 NW 36TH ST
VIRGINIA GARDENS, FL 33166 US

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.

SIGNATURE: BARON BB BARINAS

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HEREDIA, RADAMES
Address: 4900 NW 10TH AVE.
City-St-Zip: MIAMI, FL 33127

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HEREDIA, RUBENIA
Address: 4900 NW 10TH AVE.
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RADAMES HEREDIA

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date