## 2007 FOR PROFIT CORPORATION

## **FILED 00** A ate

ANNUAL REPORT				May 07, 2007 08: Secretary of St			
DOCUMENT # P03000067281  1. Enlity Name MARTHE TRUCKING OF FLORIDA INC.					,	Secreta	iry of St
6625 ARBOR DR 6		Mailing Address 6625 ARBOR DR MARAMAR, FL 33023					
DO NOT WRITE IN THIS SPA			CE	04302007 4. FEI Numb 16-16	No Chg-P	CR2E034 (1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. Name and Address of Current Registered Agent  DORVIL, MARTHE  6625 ARBOR DR  MARAMAR, FL 33023				-	NOT W THIS SI		
the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and to the state of the		od Agent signature required	# TT	oth, in the State of F	lorida. I am familia	ir with, and accept
	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution	☐ Add	ed to Fees			
10.  IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP DORVIL, MARTHE 6625 ARBOR DR MARAMAR, FL 33023				, 85/25/0	00761656 17-80062-0	022 150. <b>00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME REET ADDRESS S Y-ST-ZIP  LE ME REET ADDRESS			DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP							
	1		-				

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 his 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:

NAME STREET ADDRESS CITY-ST-ZIP

4/30/07 954-297-6074