2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/23/2008-90001-025-$158.75-$158.75

FILED
08 JUL -9 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06042008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000074509

1. Entity Name
B & M TRUCKING OF MIRAMAR, INC.

Principal Place of Business	Mailing Address
4381 ROCK ISLAND ROAD FT. LAUDERDALE, FL 33319 US	4381 ROCK ISLAND RD FT. LAUDERDALE, FL 33319

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8041 NW 54th Street	P.O. Box 25098
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill Fl.	City & State: Tamarac Fl
Zip 33351 Country USA	Zip 33320 Country USA

4. FEI Number 90-0223445 ☐ 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
MIGNOTT, YVONNE C MS 4381 ROCK ISLAND FT. LAUDERDALE, FL 33319	Name: Yvonne, Mignott C MS Street Address (P.O. Box Number Is Not Acceptable): 8041 NW 54th Street City: Lauderhill FL Zip Code 33351

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] 06-19-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIGNOTT, YVONNE C MS. 4381 ROCK ISLAND RD FT. LAUDERDALE, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 7-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS