


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90012 028 \*\*\*150.00

<b>DOCUMENT # P04000014287</b>	
1. Entity Name <b>NATIONAL TRUCKERS LOG, INC.</b>	

Principal Place of Business <b>2221 NORTHEAST 164TH STREET SUITE 390 NORTH MIAMI FL 33160</b>	Mailing Address <b>2221 NORTHEAST 164TH STREET SUITE 390 NORTH MIAMI FL 33160</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2221 N.E. 164TH ST</b>	3. Mailing Address <b>2221 N.E. 164TH ST</b>
Suite, Apt. #, etc. <b>SUITE # 390</b>	Suite, Apt. #, etc. <b>SUITE # 390</b>
City & State <b>N MIAMI, FL 33160</b>	City & State <b>N MIAMI FL 33160</b>
Zip	Country



2nd MOORE CR2E034 (4/07)

4. FEI Number <b>65-1032763</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>THE LONGSHORE MENS'S NEWS, INC 117150 COLLINS AVE SUITE 101-158 SUNNY ISLES FL 33180</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		

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 Stanley Sherman **STANLEY SHERMAN** Aug 29, 2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 5, 2007</b> <b>Make Check Payable to Florida Department of State</b>	S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SHERMAN, STANLEY 501 NE 14TH AVE, PAT # 402 HALLANDALE FL 33004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Stanley Sherman **PRES.** Aug 29, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Aug 27, 2007

40131560

Dear Sir, #P04000014287

I am very sorry for the late report. I am very sick with diabetes, circulation and various other illness. I take alot of medication during the day and I have a lapse of memory. It's very hard for me to function. I am recovering from a stroke as well. Once again please forgive me.

Thank you for understanding,

Stanley Sherman