


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90071 034 ***150.00

DOCUMENT # P04000029536	
1. Entity Name GEO COLIN TRUCKING, INC.	

Principal Place of Business 1521 NW 132 TERRACE MIAMI FL 33167	Mailing Address 1521 NW 132 TERRACE MIAMI FL 33167
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2. Principal Place of Business 1521 NW 132nd Terr.	3. Mailing Address 1521 NW 132nd Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State Miami FL	City & State Miami FL 33167
Zip 33167	Zip 33167
Country Dade	Country Dade

4. FEI Number 65-1217437	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

JACOBS, MITHCELL E 15001 NW 42ND AVE MIAMI FL 33054
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7. Name and Address of New Registered Agent

Name Georges M. Colin
Street Address (P.O. Box Number is Not Acceptable) 1521 NW 132nd Terr.
City Miami FL
Zip Code 33167

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 *Georges M. Colin* **Georges M. Colin, President** **03-28-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D COLIN, GEORGES 1521 NW 132 TERRACE MIAMI FL 33167	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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 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 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: *Georges M. Colin* **Georges M. COLIN** **03-28-05** **786-423-8241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #