


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90021 042 \*\*\*150.00

<b>DOCUMENT # P04000029536</b> 1. Entity Name <b>GEO COLIN TRUCKING, INC.</b>																																			
Principal Place of Business <b>1521 NW 132 TERRACE MIAMI FL 33167</b>			Mailing Address <b>1521 NW 132 TERRACE MIAMI FL 33167</b>																																
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
6. Name and Address of Current Registered Agent  <b>COLIN, GEORGES M 1521 NW 132ND TERR MIAMI FL 33162</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																															
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.				4. FEI Number <b>65-1217437</b>																															
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and fee is applicable)</small>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																															
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				DATE _____																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;">           COLIN, GEORGES 1521 NW 132 TERRACE MIAMI FL 33167         </td> <td style="width:10%; text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLIN, GEORGES 1521 NW 132 TERRACE MIAMI FL 33167	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%; padding: 2px;">           [Blank]         </td> <td style="width:10%; text-align: center; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           [Blank]         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Georges M. Colin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03-06-05 786-423-8241 <small>Date Daytime Phone #</small>																															



ATTACHMENT

66004394

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

GEO COLIN TRUCKING, INC.  
1521 NW 132 TERRACE  
MIAMI, FL 33167

Subject: **GEO COLIN TRUCKING, INC.**

Reference Number:

**P04000029536**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION