2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031013

Entity Name: DAVIGEZ TRUCKING, INC.

MAXWELL, GREGORY

14625 NW 15TH DRIVE

MIAMI, FL 33167

Name:

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14625 NW 15TH DRIVE MIAMI, FL 33167 **Current Mailing Address: New Mailing Address:** 14625 NW 15TH DRIVE MIAMI, FL 33167 FEI Number: 20-0749140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOGBO, CHUCK P.A. 2800 W. OAKLAND PARK BLVD. SUITE 209 OAKLAND PARK, FL 33311 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DUNCAN, DAVID E Name: Name: 14625 NW 15TH DRIVE Address: Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: Title: TD Title: () Delete () Change () Addition Name: DUNCAN, DIONNE Name: 14625 NW 15TH DRIVE Address: Address: MIAMI, FL 33167 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition DUNCAN, GEZRINE Name: Name: 14625 NW 15TH DRIVE Address: Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE:	DAVID DUNCAN	PD	05/01/2006