

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 31, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT #</b> 1. Entity Name	
CK TRANSPORTATION SERVICES INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1473 SW 27TH AVE #A1 Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State	
Zip 33426	Country	Zip	Country

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 76-0755385	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>7. Name and Address of Current Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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**

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGES BASSIL 1473 SW 27TH AVE #A1 BOYNTON BEACH FL 33426
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<b>11.</b>	000000485922 04/13/06-80016-001 150.00
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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18.66 5615439