2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 08:00 AM Secretary of State

| DOCUMENT # P04000070635 1. Entity Name BARANYAR TRUCKING, INC | | | | | Secret | ary of State | |
|---|--|-------------------------------|----|---|-----------------------------------|--|---|
| Principal Place of Business Mailing Address 1045 PRINCESS GATE BLVD WINTER PARK, FL 32792 US WINTER PARK, FL 32792 | | | us | 1 12 6 11 11 1 1 11 11 11 11 11 11 11 11 11 11 | i 11115 sibii senii eviii eeiir i | CECH HOOM BRINE WHEN THEN DIVISION IN 1881 | |
| | | | · | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 03132006 4. FEI Number | No Chg-P | CR2E034 (11/05) | |
| | | | - | 20-126 | | Not Applicat \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | | | - |
| DAVIS, NE 846 SW M. LAKE CITY | | DO NOT WRITE IN THIS SPACE | | | | | |
| 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, appeal or printed name of registured agent and title if applicable. (NOTE: Registered Agent signature required when refinitering) DATE | | | | | | | |
| | | | | .00 May Be ed to Fees | 03/28 /06 - | 4 70941 80034-003 150,00 | |
| 10. | OFFICERS AND DO | RECTORS | | | | , , , , | ÷ |
| name Street address City-81-10 | BARANYAR, JOHN P 1045 PRINCESS GATE BLVO WINTER PARK, FL 32792 | | | | er koje | | |
| TIPLE HAME STREET ADDRESS CTTY-ST-ZIP | | | | | : | • | 1 |
| CITY-ST-ZIP TITLE | - | · . | | DO NOT WRITE | | | |
| title Name Street address City-57-21P | | | | IN. | THIS SPA | ACE | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | · | | | | | | - |
| title Name Street address City-St-Zip | | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 gri address, with all gither like empowered. | | | | | | | |
| SIGNATURE: | | | | | | | |