

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 003 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                               |                                                                    |                                                                                   |  |
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| DOCUMENT # P04000075489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                               |                                                                    |  |  |
| <b>1. Entity Name</b><br>MAURICE RAMOTAR TRUCKING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                               |                                                                    |                                                                                   |  |
| <b>Principal Place of Business</b><br>1362-A DORADO DR.<br>KISSIMMEE, FL 34741                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                               | <b>Mailing Address</b><br>1362-A DORADO DR.<br>KISSIMMEE, FL 34741 |                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <b>3. Mailing Address</b>                                                                                                     |                                                                    |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | Suite, Apt. # etc.                                                                                                            |                                                                    |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | City & State                                                                                                                  |                                                                    |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | Country                                                                                                                       |                                                                    | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                               |                                                                    |                                                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                               |                                                                    | <b>7. Name and Address of New Registered Agent</b>                                |  |
| RAMOTAR, MAURICE<br>1362-A DORADO DR.<br>KISSIMMEE, FL 34741                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                               |                                                                    | Name                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                               |                                                                    | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                               |                                                                    | City                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                               |                                                                    | FL Zip Code                                                                       |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                               |                                                                    |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when consulting)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                               |                                                                    |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                    |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>       |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P <input type="checkbox"/> Delete | TITLE                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RAMOTAR, MAURICE                  | NAME                                                                                                                          |                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1362-A DORADO DR.                 | STREET ADDRESS                                                                                                                |                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | KISSIMMEE, FL 34741               | CITY- ST- ZIP                                                                                                                 |                                                                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete   | TITLE                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | NAME                                                                                                                          |                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | STREET ADDRESS                                                                                                                |                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | CITY- ST- ZIP                                                                                                                 |                                                                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete   | TITLE                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | NAME                                                                                                                          |                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | STREET ADDRESS                                                                                                                |                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | CITY- ST- ZIP                                                                                                                 |                                                                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete   | TITLE                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | NAME                                                                                                                          |                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | STREET ADDRESS                                                                                                                |                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | CITY- ST- ZIP                                                                                                                 |                                                                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete   | TITLE                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | NAME                                                                                                                          |                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | STREET ADDRESS                                                                                                                |                                                                    |                                                                                   |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | CITY- ST- ZIP                                                                                                                 |                                                                    |                                                                                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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</b> |                                   |                                                                                                                               |                                                                    |                                                                                   |  |
| <b>SIGNATURE:</b> <u>Maurice Ramotar</u> 407-346-6425 1/2/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                               |                                                                    |                                                                                   |  |