


**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P04000102037 1. Entity Name SQUARE TRANSPORT, INC. |  |
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| Principal Place of Business 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 US | Mailing Address 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 US |
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03212008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-1376940 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DEUSCHLE, JAY B 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000875047 04/11/08-80016-025 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P,T DEUSCHLE, JAY B 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP,S DEUSCHLE, JULIE J 1100 NE 45TH STREET FORT LAUDERDALE, FL 33334 |
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12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE:  **3/24/08 954-771-7892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #