

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90251 023 ***150.00

DOCUMENT # P04000110785

1. Entity Name
LINEHAUL SOLUTIONS, INC



Principal Place of Business

**8100 NW 29TH STREET
MIAMI, FL 33122**

Mailing Address

**8100 NW 29TH STREET
MIAMI, FL 33122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1423747

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESCOBAR, NOEL E SR
4420 SW 77TH AVENUE
DAVIE, FL 33328**

7. Name and Address of New Registered Agent

Name **ESCOBAR, NOEL E SR**
Street Address (P.O. Box Number is Not Acceptable)
9960 NW 89TH CT
City **MEDLEY** FL Zip Code **33178**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BETANCOURT, RICK**
CITY-ST-ZIP **5670 SW 149 AVENUE
MIAMI, FL 33193**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MANSILLA, POMPEY**
CITY-ST-ZIP **11221 REVEILLE RD
COOPER CITY, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DP**
STREET ADDRESS **BETANCOURT, RICK**
CITY-ST-ZIP **9960 NW 89TH CT
MEDLEY FL 33178**

TITLE ☐ Change ☐ Addition
NAME **VP**
STREET ADDRESS **MANSILLA, POMPEY**
CITY-ST-ZIP **9960 NW 89TH CT
MEDLEY FL 33178**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/06 **305 582 520**

Date

Daytime Phone #