## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P04000119118 DIRECTORY 4 DRIVERS, INC. Principal Place of Business Mailing Address 7779 NORTHWEST 146TH STREET 7779 NORTHWEST 146TH STREET MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 01202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3902651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signatura, typed or printed name of registered agent and title if applicable. DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS U0000052047S DPST 05/02/06-80096-016 150.00 TITLE **GUTIERREZ, CHARLES** NAME STREET ADDRESS 7779 NORTHWEST 146TH STREET CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

ng des not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of acceptate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to expose this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental for of the corporation or the receiver or trusted changed, or on an attachment with an agdir

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATU PRINTED NAME OF SIGNING OFFICER OR DIRECTOR