

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000131747	
1. Entity Name QUEEN B. CARRIERS, INC.	



Principal Place of Business 12870 NW 107TH COURT MIAMI, FL 33178	Mailing Address 12870 NW 107TH COURT MIAMI, FL 33178
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2. Principal Place of Business 12870 N.W. 107TH CT.	3. Mailing Address 12870 N.W. 107TH CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLORIDA 33178	City & State MIAMI, FLORIDA 33178
Zip 33178	Country U.S.A.

6. Name and Address of Current Registered Agent ARRAZOLA, ARNOLD E 12740 NW 11TH TERRACE MIAMI, FL 33182	
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7. Name and Address of New Registered Agent Name: ESTHER B ARRAZOLA Street Address (P.O. Box Number, if Not Applicable): 725 NW 133 RD CT City: MIAMI FL 33182 Zip Code: 33182	
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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: <i>Esther B Arrazola</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARRAZOLA, ARNOLD E 12740 NW 11TH TERRACE MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESTHER B ARRAZOLA <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT SAME 725 NW 133 RD CT MIAMI FLA 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARNOLD J ARRAZOLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P. SAME 725 NW 133 CT MIAMI FLA 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060189882 10/03/05--01070--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060189882 11/02/05--01029--021 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Esther Arrazola</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: Daytime Phone #

05 NOV -2 PM 1:27
FILED
REINSTATEMENT
05
T. Roberts NOV 0 8 2005
08192005 Chg-P CR2E034 (10/03)
20-1653580
\$8.75 Additional Fee Required
05 NOV -2 PM 1:27
FILED
TALLAHASSEE, FLORIDA