2006 FOR PROFIT CORPORATION ANNUAL REPORT

2006 FOR PROFIT CORPORATION ANNUAL REPORT					FILED			
DOCUMENT # P04000133412 1. Entity Name TEAM HAUL AWAY INC.					2006 SEP 22 AM 10: 04			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE.FLORIDA			
12944 W TANGERINE BLVD ROYAL PALM BCH, FL 33412		12944 W TANGERINE BLVD ROYAL PALM BCH, FL 33412		\$ 1 0.1 710.001 111				
2. Principal Place of Business /\(\sigma 692 \) \(\gamma 2ND \) \(\sigma \)		3. Mailing Address /5692 82ND 57 N						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08212006	Chg-P	CR2E034 (11/05)		
City & State LOXAHATCHEE, FL			LOXAHATCHEE, FL		4. FEI Number Applied For 20-1660168 Not Applicable			
Zip Country 33470		Zip 33470	Zip Country 33470		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
BORGES, FILIBERTO				ALEXANDER BORGES				
12944 W TANGERINE BLVD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
ROYAL PALM BCH, FL 33412			1569	15692 32 NO ST N				
			City	LOXAHATCHEE FL Zip Code 33470				
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, typod or printegy-rane of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance corporation d	e with s. 607.193(2)(b), id not receive the prior	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.		/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORGES, FILIBERTO 12944 W TANGERINE BLVD ROYAL PALM BCH, FL 33412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGES, A ING 92 32 LOXAHATCA	NO 57	N	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	वं	00080	□ Change D2598 74 53012 **15	☐ Addition	
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #								

9/2400