2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

AND TYPED OR PRINTED NAME O

May 06, 2008 08:00 AN Secretary of State DOCUMENT # P04000137145 1. Equity Name PAUL PERSAUD TRUCKING, INC. Principal Place of Business Mailing Address 14801 RANDOLPH COURT 14801 RANDOLPH COURT FT MYERS FL 33905 FT MYERS FL 33905 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-1908486 Not Applicable Ζıp Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERSAUD, SREEMATTIE Street Address (P.O. Box Number is Not Acceptable) 14801 RANDOLPH COURT FT MYERS FL 33905 City Zip Code 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, typod or printed harm of registered agent and tale. I appread to (NOTE: Registered Agent a groture required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be:\$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Change Addition TITLE Derete ппе PERSAUD, DHANPAUL NAME NAME U00000949503 14801 RANDOLPH COURT STREET ADDRESS STREET ADDRESS 06/03/08-80028-020 150.00 CITY-ST-ZIP FT MYERS FL 33905 CITY-ST-ZIP Change Addition Derete TIT: F TITLE NAME NAME STREET ADDRESS STREET ADDRESS 2017-31-2F CHY-SI-ZIP Derete ☐ Change Addition TITLE TILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete fiftle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-GT-ZIP DEE ☐ Deleie Change Addition STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IF TIT: F ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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.

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