


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90060 017 ***158.75

DOCUMENT # P04000143917 1. Entity Name CHAND TRUCKING INC.	
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Principal Place of Business 14227 PINE CONE TRAIL CLERMONT, FL 34711 US	Mailing Address 14227 PINE CONE TRAIL CLERMONT, FL 34711 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03142005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 20-1803673	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMPERSAUD, DOREEN 14227 PINE CONE TRAIL CLERMONT, FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City
	State: FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$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	P RAMPERSAUD, CHANDREPAUL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14227 PINE CONE TRAIL		NAME		
STREET ADDRESS	CLERMONT, FL 34711		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP	VP		TITLE		
TITLE	RAMPERSAUD, DOREEN		NAME		
NAME	14227 PINE CONE TRAIL		STREET ADDRESS		
STREET ADDRESS	CLERMONT, FL 34711		CITY-ST-ZIP		
CITY-ST-ZIP			TITLE		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			TITLE		
CITY-ST-ZIP			NAME		

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: *Rampersaud* Date: 3/14/05 Daytime Phone #: (352) 394-2067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR