07/05/2005 10:12 FAX 8603682529 TRANSPORTATION

07-08-2005 90021 010 ***150.00
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FILED
05 NOV 10 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50055190

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145577

1. Entity Name
TREASURE COAST TRUCKING INC.

Principal Place of Business	Mailing Address
3101 LOUISIANA AVE - APT B FT PIERCE, FL 34947	3101 LOUISIANA AVE - APT B FT PIERCE, FL 34947

2. Principal Place of Business		3. Mailing Address	
3101 LOUISIANA AVE.		3101 LOUISIANA AVE.	
Suite, Apt. #, etc.: APT-B		Suite, Apt. #, etc.: APT-B	
City & State: FT. PIERCE, FL		City & State: FT. PIERCE, FL 34954	
Zip: 34947	Country: ST. LUCIE	Zip: 34954	Country: ST. LUCIE

07052005 Chg:P CR2E034 (10/03)

4. FEI Number: 201794319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, VERONIQUE
1707 N 14TH ST
FT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s.607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ARMAH, MARTIN 3101 LOUISIANA AVE - APT B FT PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAYES, VERONIQUE 1707 N 14TH ST FT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11/10	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Martin Armah 11/07/05 772-8348674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #