2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000150546

1. Entity Name

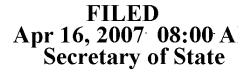
R. BANDES TRUCKING INC.



Principal Place of Business

7000 SOUTHGATE BLVD #106 TAMARAC, FL 33321 Mailing Address

7000 SOUTHGATE BLVD #106 TAMARAC, FL 33321





04112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1836127

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANDES, MERY 7000 SOUTHGATE BLVD #106 TAMARAC, FL 33321

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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. IN	THIS SPACE
	named entity submits this statement for the prions of registered agent.	rurpose of changing its registered	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANDES, RICHARD 7000 SOUTHGATE BLVD #106 TAMARAC, FL 33321			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		U00000706903 04/24/07-80052-023 150.00
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

954- 931-7641