
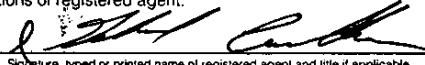
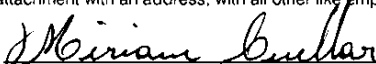


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90179 008 \*\*\*150.00

DOCUMENT # P04000157791					
<b>1. Entity Name</b> OVER-HAULIN, INC.					
<b>Principal Place of Business</b> 8851 NW 119TH STREET, #4402 HIALEAH GARDENS, FL 33018			<b>Mailing Address</b> 8851 NW 119TH STREET, #4402 HIALEAH GARDENS, FL 33018		
<b>2. Principal Place of Business - No P.O. Box #</b> 3161 SW 153 PL		<b>3. Mailing Address</b> 3161 SW 153 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, Fl.		<b>City &amp; State</b> Miami, Fl.		<b>4. FEI Number</b> 20-1982082	
<b>Zip</b> 33185		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEL SOCORRO CUELLAR, MIRIAM 8851 NW 119TH STREET, #4402 HIALEAH GARDENS, FL 33018			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> GABRIEL A. CUELLAR <b>Street Address (P.O. Box Number is Not Acceptable)</b>  3161 SW 153 PL <b>City</b> Miami <b>FL</b> <b>Zip Code</b> 33185		
<b>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.</b> <b>SIGNATURE</b>  <b>4/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <input type="checkbox"/> Delete <b>NAME</b> DEL SOCORRO CUELLAR, MIRIAM <b>STREET ADDRESS</b> 8851 NW 119TH STREET, #4402 <b>CITY-ST-ZIP</b> HIALEAH GARDENS, FL 33018	<b>TITLE</b> Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Miriam Del Socorro Cuellar <b>STREET ADDRESS</b> 8851 NW 119 St. #4402 <b>CITY-ST-ZIP</b> Hialeah Gardens, Fl. 33018				
<b>TITLE</b> VD <input type="checkbox"/> Delete <b>NAME</b> CUELLAR, GABRIEL <b>STREET ADDRESS</b> 8851 NW 119TH ST # 4402 <b>CITY-ST-ZIP</b> HIALEAH GARDENS, FL 33018	<b>TITLE</b> President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Gabriel Cuellar <b>STREET ADDRESS</b> 3161 SW 153 PL <b>CITY-ST-ZIP</b> Miami, Fl. 33185				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 				
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>4/25/07</b> <b>(786) 402-0135</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		