

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011977

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** LABOSS TRANSPORTATION SERVICES, INC.

**Current Principal Place of Business:**

3600 S. STATE ROAD 7  
SUITE #315  
MIRAMAR, FL 33023

**New Principal Place of Business:**

5191 NW 109TH AVE  
SUNRISE, FL 33351 US

**Current Mailing Address:**

3600 S. STATE ROAD 7  
SUITE #315  
MIRAMAR, FL 33023

**New Mailing Address:**

5191 NW 109TH AVE  
SUNRISE, FL 33351 US

**FEI Number:** 20-2228641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LABOSSIERE, JULIET M  
15780 N.W. 16TH COURT  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LABOSSIERE, JULIET M  
Address: 15780 NW 16TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: LABOSSIERE, BERTHONY  
Address: 15780 NW 16TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERTHONY LABOSSIERE

PRES

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date