

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 042 \*\*\*150.00

DOCUMENT # P05000024568

1. Entity Name  
KHAL'S TRUCKING, INC.



Principal Place of Business

7104 NW 76 CT  
TAMARAC, FL 33321

Mailing Address

7104 NW 76 CT  
TAMARAC, FL 33321

2. Principal Place of Business - No P.O. Box #

1126 SW East Louise  
Suite, Apt. #, etc. Circle

3. Mailing Address

1126 SW E. Louise Circle  
Suite, Apt. #, etc.



03112007 Chg-P CR2E034 (12/06)

City & State

Pt. St. Lucie, FL

City & State

Pt. St. Lucie, FL

4. FEI Number

20-2435207

Applied For

Not Applicable

Zip

34953

Country

U.S.A.

Zip

34953

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KHALAWAN, JEWAN  
7104 NW 76 CT  
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name Khalawan, Jewan

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

1126 SW E. Louise Circle

City Pt. St. Lucie

FL

Zip Code 34953

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 *Jewan Khalawan President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/07

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KHALAWAN, JEWAN	
STREET ADDRESS	7104 NW 76TH COURT	
CITY-ST-ZIP	TAMARAC, FL 33321	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Khalawan, Jewan	
STREET ADDRESS	1126 SW East Louise Circle	
CITY-ST-ZIP	Pt. St. Lucie, FL 34953	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Jewan Khalawan Jewan Khalawan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/07  
Date

561-767-7450  
Daytime Phone #