
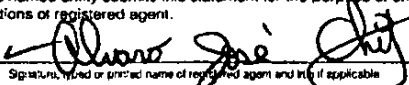
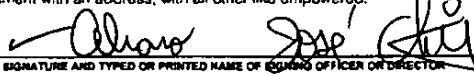


FILED  
May 16, 2006 8:00 am  
Secretary of State

04-26-2006 90200 043 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P05000035566</b>			
1. Entity Name ROHI TRUCKING CORPORATION			
Principal Place of Business 9838 BERNWOOD PLACE DRIVE, NO.204 FT. MYERS, FL 33912		Mailing Address 9838 BERNWOOD PLACE DRIVE, NO.204 FT. MYERS, FL 33912	
2. Principal Place of Business 620 SE 25 Terr Suite, Apt. #, etc.		3. Mailing Address 620 SE 25 Terr Suite, Apt. #, etc.	
City & State Cape Coral		City & State Cape Coral	
Zip 33904	Country USA	Zip 33904	Country USA
02102006 Chg-P		CR2E031 (11/05)	
4. FEI Number 20-2552934		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHILS, ALVARO J 9838 BERNWOOD PLACE DRIVE, NO.204 FT. MYERS, FL 33912		7. Name and Address of New Registered Agent Name Chils, Alvaro J Street Address (P.O. Box Number is Not Acceptable) 620 SE 25 Terr City Cape Coral FL Zip Code 33904	
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 4-22-06 <small>(NOTE: Registered Agent signature required when: restate only)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHILS, ALVARO J 9838 BERNWOOD PLACE DRIVE, NO.204 FT. MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Chils, Alvaro J 620 SE 25 Terr Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		5-3-06 Date Daytime Phone #	