2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P05000044833 1. Entity Name TRIPLE CJS TRANSPORTATION INC						04-13-2007	' 901 <i>6</i> 6 039 ***1:	50.00
Principal Plac	e of Business	Mailing Address						
601 NW 183 Miami, FL 3		601 NW 183 TERRACE MIAMI, FL 33169 US			8 783 2 777 2 231 2 231 2 231		11 221 11 124	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
2. Childipal C	140 C.O. DOX 4				81:81 81:LL1 8 8331 8 8341 8 833			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEi Number 75-3186		 - - 	plied For it Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent	·		7. Name and A	Address of New R	egistered Agent	
PESTANO, BENITO				Name Carlton N Williams				
7911 NW 72 AVE			Sir	Street Address (P.O. Box Number is Not Acceptable) (001 NW 183 Th TERRACO				
SUITE 215 A MEDLEY, FL 33166				<u> </u>		M_Z 1 1		
			Ci	m M 10	·mil		FL Zp Coo	°69
	named entity submits this statement factors of registered agent.	or the purpose of changing its	registered of	fice or register	red agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	Total	E: Registered Agen			***************************************	DATE	
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10.	∴ OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF		
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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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

IGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

X03.27.07

¥386-2+1+11

Daytime Phone