


2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/23/2008-90001-024-S158.75-S158.75

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000053682			
1. Entity Name MIGNOTT TRANSPORTATION BROKER INC			
Principal Place of Business 4381 R ROCK ISLAND RD FT. LAUDERDALE, FL 33319 US		Mailing Address 4381 ROCK ISLAND RD FT LAUDERDALE, FL 33319 US	
2. Principal Place of Business - No P.O. Box 8041 NW 54th Street		3. Mailing Address P.O. Box 25098	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lauderhill, FL		City & State Tamarac, FL	
Zip 33351		Country USA	
4. FEI Number 20-2654060		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		06042008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MIGNOTT, YVONNE 4381 ROCK ISLAND RD FT, LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name Mignott Yvonne Street Address (P.O. Box Number is Not Acceptable) 8041 NW 54th Street City, State, Zip Code Lauderhill, FL 33351	
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: <i>Yvonne Mignott</i> (NOTE: Registered Agent signature required when reinstating) DATE: 06-19-08			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 MIGNOTT, YVONNE 4381 ROCK ISLAND RD FT LAUDERDALE FL., FL 333199 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: <i>Yvonne Mignott</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-7-08 Date Daytime Phone #	

KS