## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000089609  1. Entity Name JET SET TRUCKING, CORP.						90046 047 ***150	0.00	
Principal Plac	e of Business	Mailing Address		4	U -			
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DAVENPORT, FL 33837 DAVENPORT, FL 33837			7	r	•			
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Principal Place of Business     3. Mailing Address								
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0126200	6 Chg-P	CR2E034 (11/05)		
City & Stat	·····	City & State a /		4. FEI Nur	nber	I Ap	plied For	
Dave	wPort, FL	Sity & State Port	FL	20	- 296528	8 No	t Applicable	
Zip 338		Zip	Country	5. Certifica	ate of Status Desired	□ \$8.75 Add		
338		33837	IOIR			Fee Require	d	
	6. Name and Address of Current	Kegistered Agent	Name	7. Name a	nd Address of New I	Registered Agent		
SOLIS, EF	RICKA _ , , , ,	A-A						
211 MEDI	NACIR ZII MADINA	CIR	Street A	Street Address (P.O. Box Number is Not Acceptable)				
DAVENPORT, FL 33837								
						To Cod		
			City		FL Zip Code			
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or	registered agent, or	both, in the State of Fl	lorida. I am familiar with,	and accept	
SIGNATURE.	<u> </u>					DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signal.	are required when reinstating)		DATE	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND							
TITLE	T		11.	ADDITION	IS/CHANGES TO OF	FICERS AND DIRECTORS		
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	,	☐ Delete	TITLE NAME	ADDITION	IS/CHANGES TO OF			
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12. I nereby certify that the information supplied with this filing does not quality 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

01/27/06

(334-284-5373) Davime Phone #