


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

06-26-2006 90002 011 ***150.00

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| DOCUMENT # P05000103045 |  |
| 1. Entity Name ALL STATES CAR HAULERS USA, INC. | |

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| Principal Place of Business 1705 JOHNSON STREET HOLLYWOOD, FL 33020 US <i>1621 N 14th Ter</i> | Mailing Address 1705 JOHNSON STREET HOLLYWOOD, FL 33020 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. <i>Hollywood</i> City & State <i>FLA</i> Zip <i>33020</i> Country <i>Broward</i> | 3. Mailing Address <i>1621 N 14th Ter</i> Suite, Apt. #, etc. <i>Hollywood</i> City & State <i>FLA</i> Zip <i>33020</i> Country <i>Broward</i> |
|---|---|

05302006 Chg-P CR2E034 (11/05)

4. FEI Number
203187685
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 8. Name and Address of Current Registered Agent LYONS, PATRICIA 1705 JOHNSON STREET HOLLYWOOD, FL 33020 | 7. Name and Address of New Registered Agent Name <i>James D Semos</i> Street Address (P.O. Box Number is Not Acceptable) <i>1621 N 14th Ter</i> City <i>Hollywood</i> FL Zip Code <i>33020</i> |
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9. 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 *James D Semos* DATE *5/31/06*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEB IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LYONS, PATRICIA 1705 JOHNSON STREET HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>James D Semos</i> <i>1621 N 14th Ter</i> <i>Hollywood FL 33020</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>President</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LEON, ROGELIO 20 BIRCHDALE LANE PORT WASHINGTON, NY 11050 <input checked="" 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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| 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: *James D Semos* DATE *5/31/06* DEVTIME PHONE # *954 673 0957*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR