2008 FOR PROFIT CORPORATION

Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P05000114741** 1. Entity Name REAL X TRAILERS, INC. Mailing Address Principal Place of Business 7431 NW 54 ST 7431 NW 54 ST MEDLEY, FL 33166 MEDLEY, FL 33166 04102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4781412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CANO, CONNIE R 7431 NW 54 ST MIAMI, FL 33166 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000092<u>671</u>9 05/20/08=80077=019 150:00 10. OFFICERS AND DIRECTORS **PSD** TITLE CANO, CONNIE R NAME 7431 NW 54 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

> ano SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Daylime Phone #

FILED