2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P05000117962** 03-14-2006 90025 025 ***150.00 GREENWAY TRUCKING INC. Principal Place of Business Mailing Address **DDUUV=--**2601 E 8TH STREET LEHIGH ACRES FL 33972 2601 E 8TH STREET LEHIGH ACRES FL 33972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number 20- 3354556 Applied For Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LA VEGA, YADIRA 2601 E 8TH STREET LEHIGH ACRES FL 33971 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 hyperics printed name of registered agent and little if applicable (NOTE: Registered Agent suprative resumed when revisiting) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE Defete DILE C Addition NAME DE LA VEGA, YADIRA NAME STREET ADDRESS STREET ADDRESS 2601 É 8TH STRÉET CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZD TITLE ☐ Delete TITLE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deleje TITLE HILE Change ☐ Addition HARIE HAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIF CITY-SI-ZIP TITLE Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-70 CITY-ST-78 TITLE ☐ Detete Change ☐ Addition TITLE NASAF NUME STREET ADDRESS STREET ADDRESS CITY ST. ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME: MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED