## **2006 FOR PROFIT CORPORATION**

## Apr 12, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000136562 04-12-2006 90094 037 \*\*\*150.00 1. Entity Name RBG TRUCKING . INC Mailing Address Principal Place of Business 2054 MEADOW POUND WAY 2054 MEADOW POUND WAY ORLANDO, FL 32824 ORLANDO, FL 32824 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (11/05) Suite, Apt. #, etc. 04012006 Cho-P Applied For City & State 4. FEL Number 1691474 City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REPAJA, BORIS Street Address (P.O. Box Number is Not Acceptable) 2054 MEADOW POUND WAY ORLANDO, FL 32824 Zip Code City F 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE P Delete TITLE NAME REPAJA, BORIS NAME STREET ADDRESS 2054 MEADOW POUND WAY STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTO

**FILED**