


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P05000144655.	
1. Entity Name SHAKIRA TRUCKING INC	

Principal Place of Business 450 ROGERS STREET ORLANDO, FL 32811 US	Mailing Address 450 ROGERS STREET ORLANDO, FL 32811 US
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01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3685340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NANDAN, HARRY N 450 ROGERS STREET ORLANDO, FL 32811

**DO NOT WRITE
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000603685
01/29/07-80023-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS NANDAN, YASMIN 450 ROGERS STREET ORLANDO, FL 32811
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IN THIS SPACE**

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: Yasmin Nandan **YASMIN NANDAN** 2/1/2007 (407) 276-1573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #