


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000157172 1. Entity Name G.M. TRUCKING ENTERPRISES INC.	
--	---

Principal Place of Business 945 DARTMOUTH AVE. CLERMONT, FL 34711	Mailing Address 945 DARTMOUTH AVE. CLERMONT, FL 34711
---	---

DO NOT WRITE IN THIS SPACE



09052007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3546865	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

MAHADEO, GANESHRAM
945 DARTMOUTH AVE.
CLERMONT, FL 34711

**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)

UD00000773762
09-05-07 0905-022-150-00

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHADEO, GANESHRAM 945 DARTMOUTH AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Ganeshram Mahadeo GANESHRAM MAHADEO 09-05-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

347-739-2193