

ANNUAL REPORT

DOCUMENT # P06000015485

1. Entity Name
MWM TRUCKING INC



Principal Place of Business
13320 SW 111 AVE
MIAMI, FL 33176 US

Mailing Address
13320 SW 111 AVE
MIAMI, FL 33176 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4233679

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUSEY, MARY
13320 SW 111 AVE
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mary Causey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when amending)

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAUSEY, MARY
STREET ADDRESS 13320 SW 111 AVE
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE CP
NAME CAUSEY, MICHELLE
STREET ADDRESS 13320 SW 111 AVE
CITY-ST-ZIP MIAMI, FL 33176 ☒ Delete

TITLE S
NAME CAUSEY, MICHAEL
STREET ADDRESS 13320 SW 111 AVE
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE T
NAME REYES, WILFREDO
STREET ADDRESS 13320 SW 111 AVE
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME Causey, Michelle
STREET ADDRESS 13320 SW 111 AVE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: X

Mary Causey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

Date

Daytime Phone #

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90038 001 ***150.00

