


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90059 016 \*\*\*150.00

<b>DOCUMENT # P06000059284</b>					
<b>1. Entity Name</b> GMC TRANSPORT SERVICES, INC.					
<b>Principal Place of Business</b> 7381 S.W 162 CT MIAMI, FL 33193 US			<b>Mailing Address</b> 7381 S.W 162 CT MIAMI, FL 33193 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 7741 NW 7 ST Suite, Apt. #, etc. APT 604			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> MIAMI			<b>City &amp; State</b>		
<b>Zip</b> 33126		<b>Country</b> DADE		<b>4. FEI Number</b> 20-4762899	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RUEDA, MARIA 7381 S.W 162 CT MIAMI, FL 33193			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P D	<b>NAME</b> RUEDA, FREDY		<b>TITLE</b> PD	<b>NAME</b> RUC DA FREDY	
<b>STREET ADDRESS</b> 7381 S.W 162 CT	<b>CITY-ST-ZIP</b> MIAMI, FL 33193		<b>STREET ADDRESS</b> 7741 NW 7 ST APT 604	<b>CITY-ST-ZIP</b> MIAMI FL 33126	
<b>TITLE</b> VP D	<b>NAME</b> RUEDA, MARIA		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 7381 S.W 162 CT	<b>CITY-ST-ZIP</b> MIAMI, FL 33193		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-13/07. (305) 9705102. <small>Date Daytime Phone #</small>		