

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 004 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000063176 1. Entity Name DOLPHIN EXPRESS TRUCKING, INC.			
Principal Place of Business 208 GROUPE COURT KISSIMMEE, FL 34759		Mailing Address 208 GROUPE COURT KISSIMMEE, FL 34759	
2. Principal Place of Business - No P.O. Box # 208 Grouper Ct.		3. Mailing Address 208 Grouper Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34759		Zip 34759	
Country U.S.		Country U.S.	
4. FEI Number 20-4807842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		07122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GONZALEZ, DEBORAH 208 GROUPE COURT KISSIMMEE, FL 34759		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GONZALEZ, DEBORAH 208 GROUPE COURT KISSIMMEE, FL 34759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Deborah Gonzalez</i> Deborah Gonzalez		9/13/07 305-439-9323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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