

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90224 013 \*\*\*150.00

<b>DOCUMENT # P06000075908</b> 1. Entity Name <b>C &amp; S TRUCKING OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>1201 SPRING CIRCLE DRIVE CORAL SPRINGS, FL 33071</b>			Mailing Address <b>1201 SPRING CIRCLE DRIVE CORAL SPRINGS, FL 33071</b>		
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	03162007    Chg-P    CR2E034 (12/06)	
4. FEI Number <div style="text-align: center; font-size: 1.2em;">20 4976574</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>POTOPSINGH, MARIE A 9358 NW 47 STREET SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent Name <u>Clinton Chen</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Spring Circle DR</u> <u>Coral Springs</u> City <u>FL</u> Zip Code <u>33071</u>		
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: <u>Clinton Chen</u> <u>Clinton Chen</u> <small>Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHEN, CLINTON 1201 SPRING CIRCLE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CHEN, SHANELLE 1201 SPRING CIRCLE DRIVE SUNRISE, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
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: <u>Clinton Chen</u> <u>Clinton Chen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					