


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90205 023 \*\*\*150.00

<b>DOCUMENT # P06000078976</b>	
1. Entity Name <b>STATEWIDE TRANSPORT AND TREE HAULING, INC.</b>	

Principal Place of Business <b>25331 SW 134 AVENUE PRINCETON, FL 33032 US</b>	Mailing Address <b>25331 SW 134 AVENUE PRINCETON, FL 33032 US</b>
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2. Principal Place of Business - No P.O. Box # <b>14770 Garfield Drive</b>	3. Mailing Address <b>14770 Garfield Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Homestead FL</b>	City & State <b>Homestead FL</b>
Zip <b>33033</b>	Country <b>USA</b>



01212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5027430</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DE LOS SANTOS, JOSE 25331 SW 134 AVENUE PRINCETON, FL 33032</b>	
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7. Name and Address of New Registered Agent	
Name <b>Jose De Los Santos</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>14770 Garfield Drive</b>	
City <b>Homestead</b>	FL Zip Code <b>33033</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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DE LOS SANTOS, JOSE 25331 SW 134 AVENUE PRINCETON, FL 33032</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DE LOS SANTOS, VERONICA 25331 SW 134 AVENUE PRINCETON, FL 33032</b> <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Jose De Los Santos 14770 Garfield Drive Homestead FL 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Veronica De Los Santos 14770 Garfield Drive Homestead FL 33033</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Veronica De Los Santos **Veronica Delossantos** 4/25/07 **258-2543**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

**780-299-7713**