

2007 FOR PROFIT CORPORATION ANNUAL REPORT

09-13-2007 90003 001 ****10.00
09-13-2007 90003 002 ****140.00

P06000123688
FILED

07 SEP 21 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000123688 1. Entity Name TWO-WAY MOVING & FREIGHT CARGO INC					
Principal Place of Business 9668 CHUTNEY CT JACKSONVILLE, FL 32221			Mailing Address 9668 CHUTNEY CT JACKSONVILLE, FL 32221		
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		
6. Name and Address of Current Registered Agent DEL VALLE, GLADYS 12041 BEACH BLV SUITE 2 JACKSONVILLE, FL 32246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	P GAMBOA, LEONIDES A 9668 CHUTNEY CT JACKSONVILLE, FL 32221 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAMBOA, MILDRED C 9668 CHUTNEY CT JACKSONVILLE, FL 32221 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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>Leonides A. Gamboa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>9/4/07</u> Phone: <u>7862089995</u>		

As per telephone conversation with
miller on 9/21

9/21