2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000142086

1. Entity Name

ASG TRUCKING LIMITED INC.

Principal Place of Business

999 NW 20TH ST.

FT. LAUDERDALE, FL 33311

Mailing Address

999 NW 20TH ST.

FT. LAUDERDALE, FL 33311

FILED May 29, 2008 08:00 AN Secretary of State



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05242008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1769135

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, ANNETTE 999 NW 20TH ST.

FT. LAUDERDALE, FL 33311

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the obligations of registered agoot.	purpose of changing its registered office or registered agent, or b	oth, in the state of Florida. Tam familiar with, and accep
SIGNATURE Signature type or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)		DATE/
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10 OFFICERS AND DIRE	CTORS	

TITLE BARNES, ANNETTE NAME STREET ADDRESS 999 NW 20TH ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33311 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME

U00000952674 06/04/08-80090-020 150.00

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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 supplier ental 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 of 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:

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR