


2008

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 044 ***150.00

| | | |
|---------------------------|--------------|---|
| DOCUMENT # Entity Name | Po6000150540 |  |
| BODDEN TRUCKING, INC. | | |

40101257

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| | | | |
|---|--------------------|--------------------------------|---------|
| Principal Place of Business 4221 NW 19th Street | | 3. Mailing Address | |
| Suite, Apt. #, etc. 295 | | Suite, Apt. #, etc. | |
| City & State LAUDERHILL, FL | | City & State | |
| Zip 33313 | Country Broward | Zip | Country |
| 4. FEI Number 51-0638801 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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7. Name and Address of Current Registered Agent

| | |
|--|------------------|
| Name | Winston Bodden |
| Street Address (P.O. Box Number is Not Acceptable) | 4221 NW 19th St. |
| | # 295 |
| City | Lauderhill FL |
| Zip Code | 33313 |

I, the above named entity, submit 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.

APR 24 2008

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|--------|--|---|--------------------------------|
| NATURE | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |

OFFICERS AND DIRECTORS

| | | | |
|-------------------|---|--|-------------------------------|
| ADDRESS ST-ZIP | President / Director Winston Bodden 4221 NW 19th St. # 295 Lauderhill, FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| ADDRESS ST-ZIP | Vice-Pres. / Director Suzette Bodden 4221 NW 19th St. # 295 Lauderhill, FL 33313 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

NATURE: *Winston Bodden*

WINSTON BODDEN, PRES.

APR 24 2008 954-530-9864