2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000025703

FILED Oct 28, 2009 Secretary of State

Entity Name: TROJAN TRANSPORTATION & DELIVERY SERVICES, INC.

Current P	rincipal Place	of Business:	New Prince	cipal Place of Business:
6144 ANE MELBOUF	LLO DR. RNE, FL 32940			
Current M	lailing Addres	s:	New Maili	ing Address:
6144 ANE MELBOUF	LLO DR. RNE, FL 32940			
FEI Number	: 61-1557156	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1	JIS F ENSWOOD RO ACH, FL 3331:			
		submits this statement for the p	ourpose of changing	its registered office or registered agent, or both
n the State	e of Florida.			
in the State SIGNATUI				
	RE:	ic Signature of Registered Ago	ent	Date
SIGNATUI	RE:			Date NS/CHANGES TO OFFICERS AND DIRECTO
SIGNATUI	RE: Electron	TORS: Delete VOOD ROAD #1		
SIGNATUI OFFICER: Title: Name: Address:	Electron S AND DIRECT P () LOPEZ, LUIS F 3000 RAVENSV DANIA BEACH,	TORS: Delete VOOD ROAD #1 FL 33312 Delete UL A DR.	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTO
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIRECT P () LOPEZ, LUIS F 3000 RAVENSV DANIA BEACH, VP () LICCARDO, PAI 6144 ANELLO I MELBOURNE, F	TORS: Delete VOOD ROAD #1 FL 33312 Delete JL A DR. FL 32940 Delete KA VOOD RD. #1	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition VP (X) Change () Addition LICCARDO, BETHANY A 6144 ANELLO DR.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS F. LOPEZ P 10/28/2009