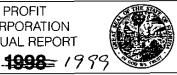
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000038263 (6) DOCUMENT # 1. Corporation Name

RISING STAR TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

7826 KILLARY COURT

7826 KILLARY COURT

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90188 041 \*\*\*150.00



|--|--|

ORLANDO FL 32811		ORLANDO FL 32811			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/15/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			<b>59-3315350</b> Not Applica	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution   Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
RA	MSURÁT, THAKURDIAL		ļ	81 Name		
	26 KILLARY COURT		[	82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32811			83			
			į	84 City	85 Zip Code	
				1 7	<b>FL</b> [ ]	
SIGNATURE	n familiar with, and accept the oblig				corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere required when reinstating)  DATE	
12.		ND DIRECTORS	13.	g.ork orginatoro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>D</u> .	DELETE	1,1 111	LE	Change Addi	
NAME	RAMSURAT, THAKURDIAL	. —	1.2 NA		<u> </u>	
STREET ADDRESS	7826 KILLARY COURT		1,3 STI	REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		1	Y-ST-ZIP		
TITLE		DELETE	2.1 TIT		Change Addi	
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP		
TITLE		DELETE	3.1 TIT	LE	Change Addi	
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP		<u> </u>	3 4. CI	TY-ST-ZIP		
TITLE		DELETÉ	4,1 TIT	LE	Change Addi	
NAME			4. 2 N	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 Til		Change Add	
NAME			5.2 NA			
STREET ADDRESS			5.3 ST	reet address		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	6.1 III		Change Addi	
NAME			16.2 NA			
STREET ADDRESS			I	reet address		
CITY-ST-ZIP			6.4 Cf	Y-ST-ZIP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: