

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000059613**

1. Entity Name  
**BLUES TRUCKING, INC.**



Principal Place of Business      Mailing Address

10901 E. GOLF DRIVE      PO BOX 471195  
MIAMI, FL 33167 US      MIAMI, FL 33247 US

**DO NOT WRITE IN THIS SPACE**



01252005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**31-1473335**      Not Applicable

5. Certificate of Status Desired      ☐      **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WILLIE C  
10901 E. GOLF DRIVE  
MIAMI, FL 33167

**DO NOT WRITE IN THIS SPACE**

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 Willie C. Thomas      DATE 3-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      ☐      **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	THOMAS, JUANITA G
STREET ADDRESS	10901 E GOLF DR
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	THOMAS, WILLIE C
STREET ADDRESS	10901 E GOLF DR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/28/05-80041-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Juanita Thomas      3-22-05      305-681-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #