## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P97000012275

Entity Name: TRIPLE E TRANSPORTATION, INC.

FILED Jun 03, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5408 BARBADOS SQUARE 7303 NORTH BLVD VERO BEACH, FL 32967 FT. PIERCE, FL 34951

Current Mailing Address: New Mailing Address:

5408 BARBADOS SQUARE PO BOX 644334

VERO BEACH, FL 32967 VERO BEACH, FL 32964

FEI Number: 65-0745467 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE, FL 333114132 US

DRAGOMIR, MARCEL

7303 NORTH NORTH BLVD

FT. PIERCE, FL 34951 US

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.

SIGNATURE: MARCEL DRAGOMIR 06/03/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PD (X) Change ( ) Addition
Name: EARLYWINE, ELDEN E Name: DRAGOMIR, MARCEL
Address: 5408 BARBADOS SQUARE Address: 7303 NORTH BLVD

 Address:
 5408 BARBADOS SQUARE
 Address:
 7303 NORTH BLVD

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 FT. PIERCE, FL 34951

Title: ( ) Delete Title: V ( ) Change (X) Addition Name: DRAGOMIR, HELEN

 Name:
 DRAGOMIR, HELEN

 Address:
 7303 NORTH BLVD

 City-St-Zip:
 City-St-Zip:
 FT. PIERCE, FL 34951

Title: ( ) Delete Title: AV ( ) Change (X) Addition

 Name:
 Name:
 CARLSON, JERRY

 Address:
 Address:
 910 47TH AVE SW

 City-St-Zip:
 City-St-Zip:
 VERO BEACH, FL 32968

Title: ( ) Delete Title: AV ( ) Change (X) Addition

 Name:
 Name:
 BOTTORFF, BRYAN

 Address:
 Address:
 2436 N US HWY 1 APT A

 City-St-Zip:
 City-St-Zip:
 VERO BEACH, FL 32962

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: MARCEL DRAGOMIR PD 06/03/2009