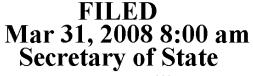
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P97000103425 1. Entity Name





HUB TRANSLOADING SERVICE, INC.					03-31-2008 90039 025 ***150.00				
Principal Place of Business 7851 N W 11TH COURT PLANTATION FL 33322		Mailing Address 7851 N W 11TH COURT PLANTATION FL 33322							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address 785/ N.W. 11 TH COURT				N (8)	****	(((45) 1) 155)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	t MOORE	CR2E034	(10/07)		
City & Stat	de .	PCANTATION	FL	4. FE! Numb	^{oer} 65-079846	57		oplied For of Applicable	
Zip	Country	33332	BROWARD	5. Certificate	e of Status Desired		8.75 Addice Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	d Address of New	Registered A	gent		
APANOVICH, DAVID 7851 NW 11TH CT. PLANTATION FL 33322			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	e	
8. The above the obligat	e named entity submits this statement follows of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or bo	oth, in the State of F		1 miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered rigent		Registered Agera signature requi	ила when reinstitung)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Camp Trust Fund Co			00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST APANOVICH, DAVID 7851 NW 11TH CT PLANTATION FL 33322	☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	ST LAM, LAURA 7851 N.W. 11 COURT FORT LAUDERDALE FL 33322	☐ Delefe	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	=	حد ـ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De∈ele	TITLE NAME STREET ADDRESS OTTY-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	cordify that the intermation reconstant with	□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	☐ Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 appearance with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR