## 2006 FOR PROFIT CORPORATION

**FILED** 

ANNUAL REPORT				May 01, 2006 08:00 AM		
	# P98000078	928		}	Secreta	ary of State
1. Entity Name MAX TRUCKING I	NC. →					
Principal Place of Business 8520 S.W. 43 TERRACE MIAMI, FL 33155		Mailing Address 8520 S.W. 43 TERRACE MIAMI, FL 33155		{ ( <b>10.5</b> ((10.5))	AND REGION REGIONS BOOKS BOOKS	SS MBSS) JANGAN SBINA SBINA SUNDA SUNDA SANSKARI ES JANGA
DO NO	OT WRITE	IN THIS SPA	<b>ACE</b>	03142008 4. FEI Numb	No Chg-P	CR2E034 (11/05)
			· · · · · · · · · · · · · · · · · · ·	65-088		Not Applicab  \$8.75 Additional Fee Required
6. Name	and Address of Current R	agistered Agent		· · · · · · · · · · · · · · · · · · ·		
PEREZ, JOSE A 8520 S.W. 43 TERRA MIAMI, FL 33155	ACE	. e			NOT W THIS SP	
The above named entity the obligations of register     SIGNATURE	submits this statement for gred agent.	he purpose of changing its regis	tered office or registe	red agent, or bo	oth, in the State of Flo	rida. I am familiar with, and accep
			lered Agent signature require	ant signature required when reinstelling) OATE		DATE
FILE NOW!!! After May 1, 2006	FEE IS \$150.00 i Fee will be \$550.00		nancing <b>\$5</b> on. <b>D</b> Add	.00 May Be led to Fees	UNONAN 05/11/06-	1545024 -80056-019 150.00
TITLE PPEREZ, JOS STREET ADDRESS COTY-ST-ZIP MIAMI, FL	43 TERRACE	RECTORS				
NAME STREET ADDRESS CHY-ST-ZIP					•••	
TITLE NAME STREET ADDRESS CATY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CXTY-ST-ZIP				IN '	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: JOSE A PEYCE
SIGNATURE SIGNATURE OF SIGNING OFFICEN DR DIRECTOR

4-26-06 Date

Daytime Phone #