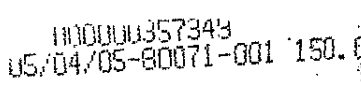
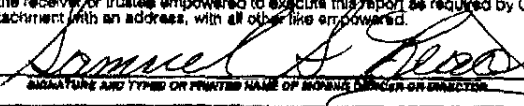


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000096677																																			
1. Entity Name S S R TRUCKING, INC.																																			
Principal Place of Business 3440 NW 6 STREET FORT LAUDERDALE, FL 33311		Mailing Address 3440 NW 6 STREET FORT LAUDERDALE, FL 33311																																	
DO NOT WRITE IN THIS SPACE																																			
2. Name and Address of Current Registered Agent READ, SAMUEL 3440 NW 6 STREET FORT LAUDERDALE, FL 33311		 04292005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0533334 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																	
		DO NOT WRITE IN THIS SPACE																																	
6. 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee																																	
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>READ, SAMUEL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3440 NW 6 STREET</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE, FL 33311</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	READ, SAMUEL	STREET ADDRESS	3440 NW 6 STREET	CITY - ST - ZIP	FORT LAUDERDALE, FL 33311	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		 05/04/05-80071-001 150.00 DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		Date: 4/29/05 Daytime Phone: _____																																	