

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90165 020 ***150.00

DOCUMENT # P99000008198

1. Entity Name
SOUTH EAST TRUCKING & HEAVY EQUIPMENT CORP.



Principal Place of Business
**7925 NW 12ST STREET
STE 407
MIAMI, FL 33126**

Mailing Address
**7925 NW 12ST STREET
STE 407
MIAMI, FL 33126**

40026157



2. Principal Place of Business
13800 SW 8 STREET
Suite, Apt. #, etc.
#130

3. Mailing Address
13800 SW 8 STREET
Suite, Apt. #, etc.
#130

03042006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0889904
Applied For
Not Applicable

Zip Country
33184 USA

Zip Country
33184 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUMELL, MARIA C
7925 NW 12TH STRESE
STE 407
MIAMI, FL 33126**

Name
MARIA C. SAUMELL
Street Address (P.O. Box Number is Not Acceptable)
13800 SW 8 STREET, #130

City Zip Code
MIAMI FL 33184

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SAUMELL, MARIA C
7925 NW 12ST STREET STE 407
MIAMI, FL 33126** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVSTD
MARIA C. SAUMELL
13800 SW 8 STREET, #130
MIAMI, FL 33184** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #