

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # V46920

1. Entity Name
TRANSPORT REFRIGERATION SERVICES, INC.



Principal Place of Business
9325 W OKEECHOBEE RD
BAY #8
HIALEAH, FL 33016 US

Mailing Address
P O BOX 126762
HIALEAH, FL 33012 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0344502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MARIAN
3650 SOUTHWEST 139 AVENUE
MIRAMAR, FL 33027

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME GONZALEZ, JACOBO
STREET ADDRESS 3650 SW 139TH AVENUE
CITY-ST-ZIP MIRAMAR, FL

TITLE VSD
NAME GONZALEZ, MARIAN
STREET ADDRESS 3650 SW 139TH AVENUE
CITY-ST-ZIP MIRAMAR, FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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02/06/06-80004-005 150.00

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IN THIS SPACE**

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: Jacob Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #