

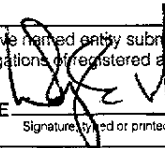
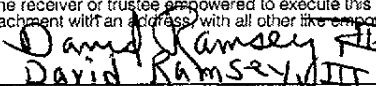


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 650135</b> 1. Entity Name <b>WITHERS TRANSFER AND STORAGE OF CORAL GABLES, INC.</b>			
Principal Place of Business 10890 N.W. 29TH ST. MIAMI, FL 33172		Mailing Address 10890 N.W. 29TH ST. MIAMI, FL 33172	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01162006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1962170	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WITHERS, JR., WAYNE E 1104 HARDEE RD CORAL GABLES, FL 33146		<b>DO NOT WRITE IN THIS SPACE</b>	
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  DATE <u>1-19-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DATE <u>02/08/06</u> 100000409474 02/08/06-80101-009 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	WITHERS, WAYNE E., JR.		
STREET ADDRESS	1104 HARDEE RD.		
CITY - ST - ZIP	CORAL GABLES, FL		
TITLE	STD		
NAME	RAMSEY, DAVID, III		
STREET ADDRESS	1237 S ALHAMBRA CIR.		
CITY - ST - ZIP	CORAL GABLES, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-19-06 305-477-0030 Date Daytime Phone #	