

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035503

FILED
Jan 09, 2006
Secretary of State

Entity Name: NORTH AMERICAN TRANSPORT SERVICES, LLC

Current Principal Place of Business:

6955 NW 77 AVENUE, STE. 206
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6955 NW 77 AVENUE, STE. 206
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-1287153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTANILLS, LINCOLN
6955 NW 77 AVENUE, STE. 206
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIAZ, RIGOBERTO
Address: 6121 NW 40 STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: MGR () Delete
Name: FONTANILLLS, LINCOLN
Address: 10000 WEST BAY HARBOR DRIVE, 325
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR () Delete
Name: DIAZ, DAMIAN
Address: 10000 WEST BAY HARBOR DRIVE, 325
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINCOLN FONTANILLS

MR.

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date