2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P00000037722 1. Entity Name 03-21-2006 90075 001 ***150.00 HOCHHOLZER INTERNATIONAL TRANSPORT LOGISTICS. 03-21-2006 90075 002 *****8.75 INC. Principal Place of Business Mailing Address 3307 S. ST. CLOUD AVE. VALRICO FL 33594 3307 S. ST. CLOUD AVE. VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-1001638 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ce JUNCAL, MARTHA E.A. Street Address (F.O. Box Number is Not Acceptable) 11731 N 15TH STREET **TAMPA FL 33612** Mac Dill mpa 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 typed or presed name of regicked agent and title #applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TIFLE ☐ Addition NAME HOCHHOLZER, KATHY NAME STREET ADDRESS 3307 S. ST. CLOUD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TITLE Delete THE ☐ Change ☐ Addition NAME HOCHHOLZER, ROBERT NAME STREET ADDRESS 3307 S. ST. CLOUD AVE. STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP DS. __Delete_ TITLE ☐ Change ☐ Addition NAME HOCHHOLZER, LUDWIG NAME STREET ADDRESS STREET ADDRESS 3307 S. ST. CLOUD AVE. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TITLE TITLE ☐ Detete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED