


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90281 013 ***150.00

DOCUMENT # P02000073668			
1. Entity Name ANDYLO TRANSPORTS, INC.			
Principal Place of Business 434 CHICAGO WOODS CIR. ORLANDO, FL 32824 US		Mailing Address 434 CHICAGO WOODS CIR. ORLANDO, FL 32824 US	
2. Principal Place of Business 434 Chicago woods cir		3. Mailing Address The came	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32824	Country Orange	Zip	Country
6. Name and Address of Current Registered Agent MARQUEZ, JEIMY L 2410 COCO BAY CIR KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name: <u>Jeimy L Marquez</u> Street Address (P.O. Box Number is Not Acceptable): <u>434 Chicago woods cir</u> <u>Orlando FL 32824</u> City: <u>Orlando</u> State: <u>FL</u> Zip Code: <u>32824</u>	
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: <u>[Signature]</u> Title: <u>President and owner</u> DATE: <u>4-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, JEIMY	NAME	
STREET ADDRESS	969 KENTUCKY WOODS LANE E	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <u>Jeimy L Marquez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>OWNER/PRESIDENT</u> <u>4-26-05</u> <u>321 6242201</u> <small>Date Daytime Phone #</small>	