

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90113 037 \*\*\*150.00

**DOCUMENT # P02000073668**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0103482

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MARQUEZ, JEIMY L  
 434 CHICAGO WOODS CIR.  
 ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

*Jeimy L. Marquez*

Street Address (P.O. Box Number is Not Acceptable)

*434 Chicago Woods Cir  
 Orlando FL 32824*

City

**FL**

Zip Code

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 requesting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MARQUEZ, JEIMY	<i>434 Chicago Woods Cir</i>	<i>Orlando FL 32824</i>	<input type="checkbox"/>
		<del>666 KENTUCKY WOODS LANE E</del>	<del>ORLANDO FL 32824</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-5-06*

*321-6242201*

Date

Daytime Phone #