

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90023 024 ***150.00

DOCUMENT # P02000073668

1. Entity Name

ANDYLO TRANSPORTS, INC.



Principal Place of Business

14363 BABYLON WAY
ORLANDO FL 32824
US

Mailing Address

14363 BABYLON WAY
ORLANDO FL 32824
US



2. Principal Place of Business - No P.O. Box #

14363 BABYLON WAY

Suite, Apt. #, etc.

3. Mailing Address

JESONS

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

ORLANDO FL

City & State

4. FEI Number

90-0103482

Applied For

Not Applicable

Zip

32824

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JEIMY L
14363 BABYLON WAY
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

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

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 reinstating.

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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	14363 BABYLON WAY	ORLANDO FL 32824	<input type="checkbox"/>
MGR	BUILES, FABIAN	14363 BABYLON WAY	ORLANDO FL 32824	<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"/>

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 addressee with all other like employees.

SIGNATURE:

(Handwritten Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 321-6242201

Line 1

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