2008 FOR PROFIT CORPORATION

Mar 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000141521 03-24-2008 90042 022 ***150.00 ENCINA TRANSPORT, INC. Principal Place of Business Mailing Address JACKSONVILLE, FLORIDA 117 LIGHTHOUSE ROAD WEST JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3734737 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUBY GORMAN ENCINA, CRISTIAN Street Address (P.O. Box Number is Not Acceptable) 117 LIGHTHOUSE RD W JACKSONVILLE, FL 32225 City TACKSUNUTLE 8. The above named entity submits this state thent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. NKO. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 21 11. DP\$ 🗶 Delete ☐ Addition TITLE TITLE ☐ Change NAME **ENCINA CRISTIAN** NAME STREET ADDRESS 117 LIGHTHOUSE RD W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP DVT TITLE ■ Addition ☐ Delete Change TITLE ENCINA, RUBY NAME NAME STREET ADDRESS 117 LIGHTHOUSE RD W STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of suppliemental 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 attachme

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED