2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# P05000122428

Entity Name: ARCHILA TRANSPORT, CO.

Current Principal Place of Business:

18531 NW 43 AVENUE
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

18531 NW 43 AVENUE
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 20-3404211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHILA, ALBERTO L
18531 NW 43 AVENUE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: ARCHILA, ALBERTO L
Address: 18531 NW 43 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: PDT ( ) Delete
Name: ARCHILA, ALBERTO L
Address: 18531NW43 AVENUE
City-St-Zip: OPALOCKA, FL 33055

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: FORERO, OSCAR
Address: 18531NW43 AVENUE
City-St-Zip: OPALOCKA, FL 33055

Title: S ( ) Change (X) Addition
Name: RAMIREZ, ROBERTO
Address: 18531NW 43AV
City-St-Zip: OPALOCKA, FL 33055

Title: S ( ) Change (X) Addition
Name: DAHEZA, DAMIAN
Address: 18531NW 43AV
City-St-Zip: OPALOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHILA ALBERTO L PDT 02/08/2008

Electronic Signature of Signing Officer or Director — Date