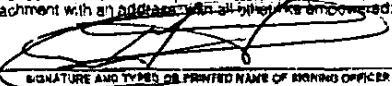


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90480 034 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000133137</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |
| 1. Entity Name<br><b>NISSI TRANSPORTATION INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                          |
| Principal Place of Business<br><b>10341 S.W. 142ND CT<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Mailing Address<br><b>10341 S.W. 142ND CT<br/>MIAMI, FL 33186</b>                        |
| 2. Principal Place of Business<br><b>14202 Sw 103 Tr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3. Mailing Address<br><b>14202 Sw 103 Tr</b>                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Suite, Apt. #, etc.                                                                      |
| City & State<br><b>Miami, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | City & State<br><b>Miami, FL</b>                                                         |
| Zip<br><b>33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Country<br><b>Dade</b>                                                                   |
| 4. FEI Number<br><b>20-3562142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Applied For<br><input type="checkbox"/> Not Applicable                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 6. Name and Address of New Registered Agent                                              |
| 6. Name and Address of Current Registered Agent<br><b>DE GOLVEIA, ISIDRO<br/>10341 S.W. 142ND CT<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
| B. 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: _____ DATE: _____<br><small>Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                          |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information included 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address as an officer or director. |  |                                                                                          |
| SIGNATURE:  4-27-06 (305) 383-1473<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |