


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90075 024 \*\*\*150.00

<b>DOCUMENT # P06000014987</b> 1. Entity Name LADY DIANA TRANSPORT INC.	
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Principal Place of Business 11648 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 US	Mailing Address 11648 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04302007	Chg-P	CR2E034 (12/06)
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4. FEI Number <b>04-3850451</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
PEREZ, AXEL J 11648 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P. PEREZ, AXEL J	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	11648 KINGSLEY MANOR WAY			NAME	11648 KINGSLEY MANOR WAY		
STREET ADDRESS	JACKSONVILLE, FL 32225			STREET ADDRESS	JACKSONVILLE, FL 32225		
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby 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 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 address, with all other like empowered.

SIGNATURE: *Axel J Perez* 4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #