2006 FOR PROFIT CORPORATION

2006 08.00 AM

ANNUAL REPORT						
	JMENT #F9400000) S	ecretary	of State	
1. Entity Nat H&M INT	me TERNATIONAL TRANSPOF					
Principal Pla	ce of Business	Mailing Address		1		
75 COUNTY	RO	75 COUNTY RD		ł		
JERSEY CITY	Y, NJ 07307 US	JERSEY CITY, NJ 07307 US	5	Ì		
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DO NOT WRITE IN THIS SPA						
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L	JO NOT WRITE	IN INIO SPA	∪⊏ 	4. FEI Number		Applied For
				22-2392583		\$8.75 Additional
		The state of	and the second	5. Certificate of Status	Desired	Fee Required
	6. Name and Address of Current	Registered Agent				
CODY, W	ILLIAM J	}	DO NO	TIME	-	
2101 W. 33RD ST.				DO NO	I AAKII	
JACKSON	IVILLE, FL 32209		1	IN THIS	SSPAC	F
9. The above	a company and in a share of this about a shall a		1 4 4 5		-	
the obliga	e named entity submits this statement for tions of registered agent.	a tha pulpose of changing as register	ed office of register	ed agent, or both, in the	State of Florida. Ta	m lamiliar with, and accept
CICNATURE						
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Registere	d Agent signature required	when reinsteling)	ĐĂT	
		9. Election Campaign Finar	noine AF	00		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	Trust Fund Contribution.		00 May Be ed to Fees		
10.	OFFICERS AND	DIRECTORS	1			
TITLE	CD		1			
NAME	CONNORS, CHARLES T	_	•	. ***		
STREET ADDRESS CITY-ST-ZIP	76 COUNTY RD JERSEY CITY, NJ 07307		l			
TITLE	VST		1			
NAME	FISCHETTI, LEONARD M	•	ł			
STREET ADDRESS	75 COUNTY RD		•	110	idana sa risa	,
CITY-ST-ZIP	JERSEY CITY, NJ 07307	· · · · · · · · · · · · · · · · · · ·	ł	UU 114.71.1	10000481436 - 2000-200	013 150.00
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NAME STRLET AUDRESS	GILDERSLEEVE, ROBERT J 75 COUNTY RD		Į.			
CITY-ST-ZIP	JERSEY CITY, NJ 07307	-		DO NO	T WRIT	Έ
TITLE	, , , , , , , , , , , , , , , , , , , ,		į	IN 71116	CDAC	_
NAME			f	114 1 1115	SSPAC	
STREET ADDRESS			<u> </u>			
CITY-ST-ZIP			1			
TITLE	}		\$			
NAME STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	-				
CITY-ST-ZIP						
TITLE		· Var			-	
NAME		, ,				
STREET ADDRESS					= -	
C17Y-\$7-27P	}					

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:

Way the Controller
SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

3)23/06 201-216.5448.
Date Deptine Priore 8