
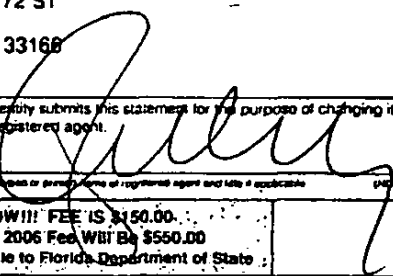
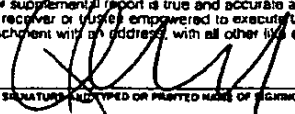


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-05-2006 90189 003 ***150.00

DOCUMENT # K25432			
1. Entry Name N.B.T. TRANSPORT INC.			
Principal Place of Business 6800 NW 72ND STREET MIAMI FL 33166 US		Mailing Address PO BOX 668488 MIAMI FL 33166 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0263980		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOT TRANSPORT INC AYES, JULIO C 6800 NW 72 ST #1 MIAMI FL 33166		7. Name and Address of New Registered Agent Name JULIO C AYES Street Address (P.O. Box Number is Not Acceptable) 6800 NW 72 ST City MIAMI FL Zip Code 33166	
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 		DATE 4/24/06	
<p>FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fed. Will Be \$550.00 Make Check Payable to Florida Department of State</p>		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD AYES, JULIO C. 6800 NW 72ST #1 MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 individuals empowered.			
SIGNATURE: 		DATE 4/24/06	
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	