## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**SIGNATURE** 

## Mar 23, 2006 8:00 am **DOCUMENT #L03000017719 Secretary of State** LOGISTICS AND TRANSPORTATION GROUP, LLC 03-23-2006 90266 025 \*\*\*\*50.00 Mailing Address Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. C/O NICOLAS FERNANDEZ, P.A. 780 NW LE JEUNE ROAD, STE. 324 780 NW LE JEUNE ROAD, STE. 324 MIAMI, FL- 33126 -MIAMI, FL .33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0068535 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 780 NW LE JEUNE ROAD, STE. 324 MIAMI, FL 33126 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE □ Change ☐ Addition ORONOZ, ANABELLA NAME NAME %NIC FERNANDEZ-780 NW LEJEUNE RD-STE324 STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP-MIAMI, FL 33126" CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #



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March 21, 2006

## Via U.S. Mail

Sir or Madam DEPARTMENT OF STATE Division of Corporation P.O. Box 6478
Tallahassee, Florida 32314

Re: Logistics and Transportation Group, LLC., a Florida limited liability company; Document No. L03000017719

Dear Sir or Madam:

Enclosed herewith please find the 2006 Uniform Business Report for the above referenced corporation together with check #1288 made payable to the Department of State in the amount of \$50.00 representing your fees. Of course, if you should have any questions or comments, please do not hesitate to contact this office. Thank you.

Very truly yours,

NICOLAS FERNANDEZ, P.A.

Mitzela Rodriguez, Legal Assistant

For the Firm

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**Enclosures**