

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001904

FILED
May 01, 2006
Secretary of State

Entity Name: SEIDEMAN CARGO & TRANSPORT LLC

Current Principal Place of Business:

1325 N.W. 93 CT
B116
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1325 N.W. 93 CT
B116
MIAMI, FL 33172

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEIRA, JUAN A
12013 S.W. 209 STREET
MIAMI, FL 33177 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEIRA, JUAN A
Address: 12013 S.W. 209 STREET
City-St-Zip: MIAMI, FL 33177

Title: MGRM () Delete
Name: NEIRA, HILDA
Address: 12013 S.W. 209 STREET
City-St-Zip: MIAMI, FL 33177

Title: MGRM () Delete
Name: NEIRA, RICARDO
Address: 14364 SW 134 COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JUAN A. NEIRA

D

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date