


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90038 011 ****50.00

DOCUMENT # L06000082651 1. Entity Name ALL POINTS TRANSPORTATION, L.L.C.			
Principal Place of Business 12942 SW 133RD CT., SUITE A MIAMI, FL 33186		Mailing Address 12942 SW 133RD CT., SUITE A MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 771725 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33177		Country USA	
4. FEI Number 20-5421966		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required		\$5.00	
6. Name and Address of Current Registered Agent MARTINEZ, MARIA I 12942 SW 133RD CT., SUITE A MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTINEZ, JULIO C 12942 SW 133RD CT., SUITE A MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Maria I. Martinez</i>		Date 04/26/07 Daytime Phone # 305-257-8549	