

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22772

FILED  
Jul 02, 2006  
Secretary of State

Entity Name: MAXXTRANS CORPORATION

## Current Principal Place of Business:

P O BOX 669366  
MIAMI, FL 33166 US

## New Principal Place of Business:

1654 NW 113 WAY  
PEMBROKE PINES, FL 33026 US

## Current Mailing Address:

P O BOX 669366  
MIAMI, FL 33166 US

## New Mailing Address:

1654 NW 113 WAY  
PEMBROKE PINES, FL 33026 US

FEI Number: 59-2987098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, NELSON  
1654 N W 113 WAY  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, NELSON  
Address: 1654 N W 113 WAY  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Delete  
Name: MARTINEZ, INGRID L.  
Address: 1092 HIDDEN VALLEY WAY  
City-St-Zip: WESTON, FL 33327

Title: T (X) Delete  
Name: YOUSUF, MICHELLE  
Address: 1092 HIDDEN VALLEY WAY  
City-St-Zip: WESTON, FL 33327

Title: S (X) Delete  
Name: MARTINEZ, INGRID L  
Address: 1092 HIDDEN VALLEY WAY  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON A MARTINEZ

P

07/02/2006

Electronic Signature of Signing Officer or Director

Date