2006 FOR PROF ANNUAL R

DOCUMENT # M37271

IT CORPORATION 5/1	FILED Jun 16, 2006 8:00 am Secretary of State			
	05-10-2006 90108 022 ***150.00			

 Entity Nam 	ne		,		}	05 10 2000 2	0100 022	150.00
NORTH-B	OUND TRANSPORTATION	INC.						
Deinainal Diag	of Divisions	A Marie and Address		-				
Principal Place of Business Mailing Address		•						
NORTH BAND TRI SOUTH PO BOX 668468 MIAMI FL 33166-1668 US US PO BOX 668468 MIAMI FL 33166-1668 US		I						
Principal Place of Business 3. Mailing Address			1921	(1964 ISB ISM IEBIB WEN IEBE) (18)	eram elek erak erak er	ta eseviti il efti		
Suite, Apt. #, etc. Suite. Apt. #, etc.				15	t MOORE CF	R2E034 (10/05	5)	
City & State	City & State City & State			4. FEI Numb	59-2773924		Applied For Not Applicable	
Zip	Country	Zip	Coun	riry	5. Certificate	of Status Desirod	□ \$8.75 Fee Red	Additional :
	6. Name and Address of Currer				7. Name and	Address of New Regi	istered Agent	
NORTH BOURD TRANSPRIATURITY			-Name				!	
8390 NW 53 ST S 300 MIAMI FL 33166			Street Address (P.O. Box Number is Not Acceptable)					
WIIA	WII 12 33 100			City			Fra Zin	Code
				Ony.			FL Zip'	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	register	ed office or register	ed agent, or bo	th, in the State of Florida	a. I am femiliar v	vith, and accept
SIGNATURE .			4	-			4/24/	Do
্রত্ব পদর প্রার্থ বিভার পদর প্রার্থ	Signature, typed or primort name olyegistered ago	to that talle it impolecable PIOT	E. Habistore	d Agent signature required	when reinstating)		DATE OF	
	ILE NOW!!! FEE IS \$150.00	$X \sim 1$	_			9. Election Campaign	ı Financino	5.00 May Be
	May 1, 2006 Fee Will Be \$550.0 R Payable to Florida Department	of State				Trust Fund Contrib		Added to Fees
10.		D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11
TITLE	PVST	☐ Delete	NTL				Chan	ge 🗌 Addition
NAME STREET ADDRESS	AYES, JULIO C 16800 NW 72ND ST		NAM STRE	ET AOORESS				
CITY-ST-ZIP	MIAMI FL 33166			·ST-ZIP				
TITLE		☐ Delete	TITL		***		☐ Chan	ge 🔲 Addition
NAME			NAM	l.				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZP				
TITLE NAME		Detete	TITLE				_ Chan	ge 🔲 Addition (
STREET ADDRESS			,	ET ADDRESS				i
CITY-ST-ZIP			CITY	- ST-ZIP				
THLE		☐ Delate	TITLE				Chen	ge 🔲 Addition
NAME Street address			NAM STRE	E Et adoress				
CITY-ST-ZIP				- S1 - Z/P				ļ
TITLE		☐ Delete	mu				☐ Chan	ge Addition
NAME			MAM	E			_	_
STREET ADDRESS				ET ADDRESS				
CITY-SF-ZIP				-ST- ZIP				
TITLE NAME		Ocieta	FITLE NAM	1			☐ Chan	ge 📑 Addition
STREET ADDRESS	_			ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report or supplied entail export 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 trustrelempowered to execute first repoyds 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 live empowered.								
SIGNAT	TURE:	$\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}(\mathcal{O}($	'		71	47106		
	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER	OR DIREC	POP		Date	Dayting Phon	. · · · · ·