2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028112

Principal Place of Business

8180 NW 36 ST SUITE 419 MIAMI, FL 33166

J.C. & E TRANSPORT SERVICES, INC.

Mailing Address

8180,NW 36 ST # 419 MIAMI, FL 33166

FILED May 07, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 05022007 No Chg-P

Applied For 4. FEI Number 65-0990289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

STEPHANIE, VIETO 8180 NW 36 ST SUITE 419

DO NOT WRITE

MIAMI, FL 33166			IN THIS SPACE			
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.						
OVONIATIVOS		U00000782033				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				Agent signature required when reinstating) US: 25/UT=SUIDATE=005 15U.00		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHANIE, VIETO 8180 NW 36 ST SUITE 419 MIAMI, FL 33166					
TITLE	DPT				•	
NAME	AJA, JOAQUIN					
STREET ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
CITY-ST-ZIP	MIAMI, FL 33166	•				
TITLE		1				
NAME STREET ADDRESS	•					
CITY-ST-ZIP				DO	NOT WRITE	
TITLE				INI '	TUIC CDACE	
NAME				IIV	THIS SPACE	
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						
	<u> </u>					

12. Thereby 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 or supplemental report 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 trustee empowered to execute this report as 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 like empowered.

SIGNATURE: SIGNING OFFICER OR DIRECTOR