


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000069947**  
 1. Entity Name  
**MIAMI RIVER TRANSPORT CORPORATION**



Principal Place of Business      Mailing Address  
**135 SW S RIVER DRIVE**      **135 SW S RIVER DRIVE**  
**MIAMI, FL 33130**      **MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**



01232000    No Chg-F    CF2E034 (11/05)

4. FEI Number <b>65-1027467</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRIEGUEZ, MANUEL**  
**135 SW S RIVER DRIVE**  
**MIAMI, FL 33130**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

UN0000433741  
 02/24/06-80029-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>PRIEGUEZ, MANUEL J</b> <b>135 SW S RIVER DRIVE</b> <b>MIAMI, FL 33130</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>PRIEGUEZ, MANUEL</b> <b>135 SW S RIVER DRIVE</b> <b>MIAMI, FL 33130</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 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: **X**  **MANUEL PRIQUEZ P/D 1-25-06 (305) 545-9725**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #