2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P000000852151. Equity Name

CAMINO REAL TRANSPORT, CORP.



Mailing Address

13116 S.W. 26 TERRACE MIAMI, FL 33175

FILED Jan 31, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1041542

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ PA, AVEL A 2688 SW 137 AVE MIAMI, FL 33175

Principal Place of Business

13116 S.W. 26 TERRACE

MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

			«')	•	
the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	ith, in the State of Florida. Lam familiar with land accept
SIGNATURE	Squature, typed or profed name of registered agent and title i	Laurigable (NOTE Perusia)	d Amount from all an	required when remstaning)	DATE
	Signature, typed or printed name or registriou again and time i	Approxime (NOTE: Registere	ii Ageni alginaldik	required when remaining?	DAII
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, ALBERTO 13116 S.W. 26 TERRACE MIAMI, FL 33175				
TITLE NÅME STREET ADDRESS CITY-ST-ZIP				And the second	U00000808081 02/07/08+80034-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	DO	NOT WRITE
THILE NAME STREET ADDRESS CHY-ST-ZIP				IN :	THIS SPACE
TITLE NAME			S. Marco		

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 offertike empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATONS AND TYPED ON PRINTED WANG OF SIGNING OFFICER OR PRECTOR

1/28/2008 305-559-088

Daytime Phone #