2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P00000102516 1. Entity Name PALM BEACH TRANSPORT, INC. Principal Place of Business Mailing Address 725 N.W. 35TH STREET OAKLAND PARK FL 33309 725 N.W. 35TH STREET OAKLAND PARK FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Cily & Stato Applied For 4. FEI Numbor 65-1075062 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CALIENTO, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 725 N.W. 35TH STREET OAKLAND PARK FL 33309 City Zip Code 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 Signature, typed or printed name of registered argent and their applicable. DATE (NOTE, Registered Agent signature required when redistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** Addition HH Change Delete MILE NAME CALIENTO, STEPHEN M NAMI U00000705606 725 N.W. 35TH STREET STREET ADDRESS STREET ADDRESS 04/23/07-80059-003 150.00 OAKLAND PARK FL 33309 CHY SI-7/P CHY-SI-ZIP TITLE Delete Change Addition NAM STREET ADDRESS SIRCE ADDRESS CITY S1-ZIP CHY-ST-7IP IIIII Delete Change Addition NAME NAMI. STRLET ADDRESS STREET ADDRESS CHY-SI-ZIP City-St-7IP 11111 Defete Change Addition HILE NAMI NAME STIRLE LADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete Change Addition 1000 THEF NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition mu Delete шп Change NAME NAME STREET ADDRESS STREET ADDRESS CDY-S1-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos 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 eath; 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.

STEPHED M-CALLEM TO

SIGNATURE: Stepling To Calunto SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (954) 630-93 50

FILED