2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 17, 2006 8:00 am Secretary of State 05-17-2006 90018 046 ***158.75 DOCUMENT # P01000014809 A & D COMMERCIAL CARRIER, CORP. գրրցբում Principal Place of Business 1272 SW 139 PL 1272 SW 139 PL MIAMI, FL 33184 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1078631 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 19351 SW 296 St JIMENEZ, DASNY DO NOT WRITE 1272 SW 199 PL Hmstd, FL 33030 MIAMI, FL 33184 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 regis SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE 19351 SW 296St JIMENEZ, DASNY NAME STREET ADDRESS 1272 OW 139 Pt Hmstd, FL 33030 MIAMI, FL .33184 CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP 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 a Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED