2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000071362

Title:

Name:

Address:

City-St-Zip:

FILED May 17, 2005 Secretary of State

Entity Name: CONSUL-TECH TRANSPORTATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3141 COMMERCE PARKWAY MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 3141 COMMERCE PARKWAY MIRAMAR, FL 33025 FEI Number: 65-1123250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURAI WALD BIONDO & MORENO PA MURAI WALD BIONDO & MORENO PA 2 ALHAMBRA PLAZA, PENTHOUSE 1B 900 INGRAHAM 25 SE 2ND AVENUE CORAL GABLES, FL 33134 MIAMI, FL 33131 US 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. SIGNATURE: 05/17/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GARGANTA, ANDRES Name: Name: 9933 SW 21ST STREET Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: TD Title: () Delete () Change () Addition MALLOL, CARLOS Name: Name: 7361 SW 123RD PLACE Address: Address: MIAMI, FL City-St-Zip: City-St-Zip: Title: Title: DP () Delete () Change () Addition CHAVEZ, EVELIO Name: Name: 8760 SW 85TH STREET Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition REYNOLDS, SAMUEL Name: Name: Address: 3418 ASTINA COURT Address: City-St-Zip: ORLANDO, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS MALLOL TD 05/17/2005

() Delete

BERLIN, SARI L

3904 PARKSIDE LANE

HOLLYWOOD, FL 33021

() Change () Addition