

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000071362 1. Entity Name CONSUL-TECH TRANSPORTATION, INC.					
Principal Place of Business 3141 COMMERCE PARKWAY MIRAMAR, FL 33025			Mailing Address 3141 COMMERCE PARKWAY MIRAMAR, FL 33025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1123250	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO & MORENO PA 2 ALHAMBRA PLAZA, PENTHOUSE 1B CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐			
\$5.00 May Be Added to Fees		600092060406 03/12/07--01002--007 **70.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARGANTA, ANDRES 9933 SW 21ST STREET MIAMI, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLOL, CARLOS 7361 SW 123RD PLACE MIAMI, FL	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAVEZ, EVELIO 8760 SW 85TH STREET MIAMI, FL	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, SAMUEL 3418 ASTINA COURT ORLANDO, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PORTELA, GILBERT 8240 SW 28TH STREET MIAMI, FL 33155	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
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: _____ 2/26/07 Date					

FILED

07 MAR -2 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code

Amended AR is \$61.25

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #