2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AM **Secretary of State** DOCUMENT # P01000096792 ANZ TRANSPORTATION INC. Principal Place of Business Mailing Address 4310 SHERIDA ST. #202 4310 SHERIDA ST. #202 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P CR2E034 (11/05) 01192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1157136 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURTON, ANDRE S DO NOT WRITE **4310 SHERIDAN STREET** HOLLYWOOD, FL 33021 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 registered agent. SIGNATURE Squature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TITLE ANZALONE, MICHAEL A NAME 4310 SHERIDAN ST., #202 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 U00000599812 01/25/07-80042-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

Daytime Phone #

FILED