## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P02000051817 01-18-2007 90092 040 \*\*\*150.00 1. Entity Name NANA TRANSPORTATION, INC. Principal Place of Business Mailing Address 40002935 5346 NW 198TH TERR 5346 NW 198TH TERR MIAMI, FL 33055 MIAMI, FL 33055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-3058315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELGADO, JORGE -5346 NW 198TH TERR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33055 Zip Code FL 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 ed agent and title if applicable (NOTE, Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOWL! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition DELGADO, JORGE NAME NAME STREET ADDRESS 5346 NW 198TH TERR STREET ADDRESS MIAMI, FL 33055 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition DELGADO, XIOMARA NAME NAME STREET ADDRESS 5346 NW 198TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33055 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP 12. I hereby certify that the information supplied with this filling 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:

ME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 18, 2007 8:00 am

Daytime Phone