2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059729

1. Entity Name
FIVEGRAND TRANSPORT, INC.

Principal Place of Business	Mailing Address
10725 SW 216 ST UNIT 308 MIAMI, FL 33170	10725 SW 216 ST UNIT 308 MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

03272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
61-1415846	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, ARMANDO
24651 SW 167 AVE
HOMESTEAD, FL 33031

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUERRA, ARMANDO
STREET ADDRESS	24651 SW 167TH AVE
CITY-ST-ZIP	MIAMI, FL 33031
TITLE	D
NAME	RIVERA, JUAN R
STREET ADDRESS	9020 CARIBBEAN BLVD
CITY-ST-ZIP	MIAMI, FL 33157

U00000703065
04/20/07-80127-002 150.00

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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: _Armando R Guerra_   3/27/07   305-259-1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #