

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-19-2008 90032 024 ***150.00

DOCUMENT # P02000059729 1. Entity Name FIVEGRAND TRANSPORT, INC.	
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Principal Place of Business 10725 SW 216 ST UNIT 308 MIAMI, FL 33170	Mailing Address 10725 SW 216 ST UNIT 308 MIAMI, FL 33170
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66013830



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1415846	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUERRA, ARMANDO 24651 SW 167 AVE HOMESTEAD, FL 33031

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/6/08 305-259-1067
25-804-6593