

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000065544

1. Entity Name  
3-SISTERS TRANSPORT, INC.



Principal Place of Business  
1900 E. 1ST AVE.  
HIALEAH, FL 33010

Mailing Address  
1900 E. 1ST AVE.  
HIALEAH, FL 33010

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1966675

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BELLO, ARELYS G  
1900 E. 1ST AVE.  
HIALEAH, FL 33010

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 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	PSD BELLO, ARELYS G 1900 E. 1ST AVE. HIALEAH, FL 33010
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U000000539349  
05/09/06-80096-008 150.00

**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]*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARELYS G. Bello

4/27/06 (305) 888-6086

Date

Daytime Phone #