

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 050 ***150.00

DOCUMENT # P02000073668	
1. Entity Name ANDYLO TRANSPORTS, INC.	

Principal Place of Business 434 CHICAGO WOODS CIR. ORLANDO FL 32824 US	Mailing Address 434 CHICAGO WOODS CIR. ORLANDO FL 32824 US
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2. Principal Place of Business - No P.O. Box # 14363 BABYLON WAY	3. Mailing Address 14363 BABYLON WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

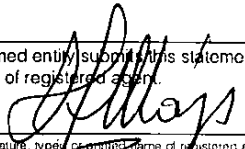
1st MOORE CR2E034 (10/06)

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32824	Zip 32824
Country USA	Country USA

4. FEI Number 90-0103482	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARQUEZ, JEIMY L 434 CHICAGO WOODS CIR. ORLANDO FL 32824	
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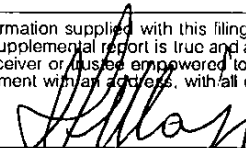
7. Name and Address of New Registered Agent	
Name Jeimy L Marquez	
Street Address (P.O. Box Number is Not Acceptable) 14363 Babylon way	
City Orlando	FL Zip Code 32824

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARQUEZ, JEIMY 434 CHICAGO WOODS CIR ORLANDO FL 32824 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(N) OFFICE Manager FABIAN A Builes 14363 BABYLON WAY ORLANDO FL 32824 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	3/22/07
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	