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	Mailing Address
434 CHICAGO WOODS CIR. ORLANDO FL 32824 US	434 CHICAGO WOODS CIR. ORLANDO FL 32824 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14363 BABALON WAY	14363 BABYLON WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32824 Country: USA	Zip: 32824 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

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 ____________ [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
Make Check Payable to Florida Department of State

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

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~~ 14363 BABYLON WAY ~~ORLANDO FL 32824~~ ORLANDO FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(M) Office Manager FABIAN A Aviles 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
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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.

SIGNATURE: ____________ [signature] 3/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #