

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90037 021 ***158.75

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01152006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000075337 1. Entity Name TONY'S TRANSFER, INC					
Principal Place of Business 17233 NW 73 CT MIAMI, FL 33015			Mailing Address P.O. BOX 174173 MIAMI, FL 33017		
2. Principal Place of Business 9466 N.W. 114th TERR.		3. Mailing Address Suite, Apt. #, etc.			
City & State HIALEAH GARDENS		City & State Suite, Apt. #, etc.		4. FEI Number 46-0515311	
Zip 33018		Country DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLER, ANTONIO P 17233 NW 73 CT - MIAMI, FL 33015 - -				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9466 N.W. 114th TERRACE City HIALEAH GARDENS FL Zip Code 33018	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/25/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SOLER, ANTONIO SR STREET ADDRESS 47233 NW 73 CT - CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 9466 N.W. 114th TERRACE CITY-ST-ZIP HIALEAH GDNS, FL 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SOLER, ANTONIO JR STREET ADDRESS 47233 NW 73 CT - CITY-ST-ZIP MIAMI, FL 33015 - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 9466 N.W. 114th TERRACE CITY-ST-ZIP HIALEAH GDNS, FL. 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			ANTONIO P. SOLER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/25/06 305 556 8092 <small>Date Daytime Phone #</small>		