2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000092034 Entity Name PAZ TRANSPORT CORP.

FILED Mar 22, 2006 08:00 Al Secretary of State

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Principal Plac	e of Business	Mailing Address		1			
	870 SE 8TH CT. 870 SE 8TH CT.			1			
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			<u> </u>	4. FEI Numb			Applied For Not Applicable
						\$8	.75 Additional
			-	5. Certificate	of Status Desired		Required
	6. Name and Address of Current Reg	istered Agent					
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PAZ, MAN 870 SE 8T		DO NOT WRITE IN THIS SPACE					
HIALEAH,							
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					•	•	•
8 The above	named entity submits this statement for the	nurnose of changing its register	ad office or registe	ad agent or be	th in the State of Ele	rida Jam fami	Norwith and accord
the obligat	ions of registered agent.	s perpose or origing its register	ad Onnoe or regrate	eu agent, or ou	All, in the State Of Fit	iliga. Tampam	mai with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and if	le if applicable. (NOTE Registere	d Agent signature required	when reinstating)	 	DATE	 -
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	E NOW!!! FEE IS \$150.00	SEIng \$5	.00 May Be	-			
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	LI Add	ed to Fees	}		
10,	OFFICERS AND DIR	ECTORS	1	· · · · · · · · · · · · · · · · · · ·			
TITLE	PD		1				
NAME	PAZ, MANUEL F					* '	
STREET ADDRESS	870 SE 8TH CT.	000000476350 04/06/06-80007-006 150.00					
CITY-ST-ZIP	HIALEAH, FL 33010		ł		04/06/06-6	รู้กำกักวี–การ	5 150.00
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NAME STREET ADDRESS	ROSELLO, BARBARA 870 SE 8TH CT.		I				
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12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	filling does not qualify for the exe	emptions contained	I in Chapter 119	9, Florida Statutes. I	further certify the	nat the information

of the corporation 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:

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #