2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # P02000095433 1. Entity Name LA GALLEGA TRANSPORT, INC. Principal Place of Business Mailing Address 9090 N.W. SOUTH RIVER DR., #1 MEDLEY FL 33166 9090 N.W. SOUTH RIVER DR., #1 MEDLEY FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Aot, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 54-2071665 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIOS, ENRIQUETA T 9090 N.W. SOUTH RIVER DR., #1 MEDLEY FL 33166 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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, typed or preson name of registered agent and five if applicable (NOTE Registered Agent signature required when rounstating) STAC FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State tû. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 31. IIILE PTSD ☐ Delete 3313.5 Adjii RIOS, ENRIQUETA T NAME 03/09/06-80076-012 150.00 STREET ADDRESS 6506 KENDALE LAKE DR., #306 STREET ADDRESS CCCY - SE- 7IP MIAMI FL 33183 CITY-ST-2IP TITLE ☐ Delete ☐ Change ■ Additio MAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CHTY - ST - ZIP TJB F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZTP HILE Defete TITLE ☐ Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZW CHY-ST-ZIP TITLE Defete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this firing 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 a curate and that my signature shall have the same legal effect as if made under ceth, that I am an officer or director of the corporation or the receiver or trostee empowered of 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, said all other like empowered.

All other like empowered.

SIGNATURE:

ENRIQUETA T.RIOS

RESIDENT 3/23/06 (305) PES-E117

FILED