2008 FOR PROFIT CORPORATION

Apr 09, 2008 8:00 am Secretary of State ANNUAL REPORT 04-09-2008 90019 039 ***150.00 DOCUMENT # P03000007473 1. Entity Name G & D SOUTH FLORIDA TRANSPORT INC 40062381 Principal Place of Business Mailing Address 2823 WILEY ST 2823 WILEY ST HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 22-3892671 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sixto Batista FERNANDEZ, ANA M Street Address (P.O. Box Number is Not Acceptable) 2823 WILEY ST HOLLYWOOD, FL 33020 2823 Wiley St. City Hollywood FL 35020 The this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fjorida. Jam familiar with, and accept City the obligations of reg SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition FERNANDEZ, ANA M NAME NAME STREET ADDRESS 2823 WILEY ST STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33020 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME BATISTA, SIXTO NAME STREET ADDRESS **2823 WILEY ST** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information suppl d with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppleme of the corporation or the receiver of changed, or on an attachment ntal 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 to the empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

th all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #