2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED
DOCUMENT # P03000007681 1. Entity Name LARROSA TRANSPORT CORP				Mar 22, 2007 08:00 A Secretary of State
Principal Plac 430 E 47 ST HIALEAH, FL		Mailing Address 430 E 47 STREET HIALEAH, FL 33013		ין
DO NOT WRITE IN THIS SPACE			CE	03142007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 71-0930046 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LA ROSA, ROBERTO 430 E 47 STREET HIALEAH, FL 33013			-	DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE P. Election Campaign Financing S.00 May Be After May 1, 2007 Fee will be \$550.00				
After M	officers and D		Add	ed to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LA ROSA, ROBERTO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · -	··· · · · ·		U00000675070 03/30/07-80004-011 150.00
TITLE NAME STREET ADDRESS CITY-SJ-ZIP				DO NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	····			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: 3/9/07 SIGNATURE AND TYPE OR PRINTED NAME OF BIGHENG OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				

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