2008 FOR PROFIT CORPORATION

Mar 17, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P03000007681 03-17-2008 90014 029 ***150.00 1. Entity Name LARROSA TRANSPORT CORP Principal Place of Business Mailing Address 40046794 430 E 47 STREET **430 E 47 STREET** HIALEAH, FL 33013 HIALEAH, FL 33013 No Chg-P CR2E034 (11/05) 03032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0930046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent क्षेत्रक क LA ROSA, ROBERTO DO NOT WRITE 430 E 47 STREET HIALEAH, FL 33013 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS:\$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LA ROSA, ROBERTO NAME 430 E 47 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED