


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90299 028 \*\*\*158.75

<b>DOCUMENT # P03000037352</b>		
1. Entity Name J. A. TRANSPORTATION CONSULTING, INC.		

Principal Place of Business 2750 NE 183RD ST., SUITE PH-2807 AVENTURA, FL 33160	Mailing Address 2750 NE 183RD ST., SUITE PH-2807 AVENTURA, FL 33160
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2. Principal Place of Business <b>2750 NE 183 ST.</b>		3. Mailing Address <b>2750 NE 183 ST.</b>	
Suite, Apt. #, etc. <b>PH 2807</b>		Suite, Apt. #, etc. <b>PH 2807</b>	
City & State <b>AVENTURA FL.</b>		City & State <b>AVENTURA FL.</b>	
Zip <b>33160</b>	Country <b>USA</b>	Zip <b>33160</b>	Country <b>USA</b>

**60026247**



03232006 Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3749566</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARTHUR, JOHN 2750 NE 183RD ST., SUITE PH-2807 AVENTURA, FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 John Arthur DATE APR 6 2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ARTHUR, JOHN 2750 NE 183RD ST., SUITE PH-2807 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR, JOHN 2750 NE 183 ST. PH 2807 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Arthur DATE APR 6 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR