

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90279 011 ***150.00

DOCUMENT # P03000076613 1. Entity Name SOUTH DIXIE TRANSPORT, INC.			
Principal Place of Business 1109 N 21 AVENUE SUITE 104 HOLLYWOOD, FL 33020 US		Mailing Address 1109 N 21 AVENUE SUITE 104 HOLLYWOOD, FL 33020 US	
2. Principal Place of Business 2215 N 20 AVE Suite, Apt. # etc.		3. Mailing Address 2215 N 20 AVE Suite, Apt. # etc.	
City & State HOLLYWOOD FL Zip 33020		City & State HOLLYWOOD FL Zip 33020	
4. FEI Number 13-4258096		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, JULIO 1109 N 21 AVENUE SUITE 104 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name ORTIZ JULIO Street Address (P.O. Box Number is Not Acceptable) 2215 N 20 AVE City HOLLYWOOD FL Zip Code 33020	
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 _____ Signatures of registered agent or registered agent in lieu of a corporation (NOTE: Registered Agent signature required when corporation)			
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	P ORTIZ, JULIO 2200 E. HALLANDALE 209 HALLANDALE, FL 33009	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ORTIZ JULIO 2215 N 20 AVE HOLLYWOOD FL 33020	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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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:		1/18/06 9549252928	