


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

02-09-2005 90033 005 ***150.00

DOCUMENT # P03000081311 1. Entity Name L.A.W.A. TRANSPORT INC.	
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Principal Place of Business 500 AMERICAN HERITAGE PKWY ORLANDO, FL 32809	Mailing Address 500 AMERICAN HERITAGE PKWY ORLANDO, FL 32809
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66003730



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0110389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TERRY, LAZARO E 500 AMERICAN HERITAGE PKWY ORLANDO, FL 32809

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERRY, LAZARO E 500 AMERICAN HERITAGE PKWY ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZAMBRANA, AIDALINA A 500 AMERICAN HERITAGE PKWY ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Azambra Secretary (407) 859-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #