

FILED
Jan 20, 2006 08:00 AM
Secretary of State

1. Entity Name
GAVIOTA TRANSPORTATION, INC.



Mailing Address
1700 SW 138 COURT
MIAMI, FL 33175 US

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0314149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ACEVEDO, YUVARY
1700 SW 138 COURT
MIAMI, FL 33175

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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

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

TITLE	PD
NAME	ACEVEDO, YUVARY
STREET ADDRESS	1700 SW 138 COURT
CITY- ST- ZIP	MIAMI, FL 33175

TITLE	TD
NAME	ROMERO, NANCY
STREET ADDRESS	1700 SW 138 COURT
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	SD
NAME	ACEVEDO, JESUS
STREET ADDRESS	1700 SW 138 COURT
CITY- ST- ZIP	MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/24/06-BUS1-024 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Castro-Phonix II