

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90083 026 \*\*\*150.00

<b>DOCUMENT # P03000137697</b> 1. Entity Name <b>D L I TRANSPORT CORP.</b>					
Principal Place of Business <b>8008 NW 68TH STREET MIAMI, FL 33166</b>			Mailing Address <b>8008 NW 68TH STREET MIAMI, FL 33166</b>		
2. Principal Place of Business <b>6750 N.W. 79 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6750 N.W. 79 AVENUE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b> Zip Country <b>33166 USA</b>		City & State <b>MIAMI, FLORIDA</b> Zip Country <b>33166 USA</b>		4. FEI Number <b>54-2135481</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARRIETA, ALEJANDRO 8008 NW 68TH STREET MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>ARRIETA, ALEJANDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6750 N.W. 79 AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33166</b>		
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 <b>ARRIETA, ALEJANDRO PRESIDENT</b> 5/3/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPT <b>ARRIETA, ALEJANDRO</b> <b>8008 NW 68TH STREET</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>ARRIETA, ALEJANDRO</b> <b>6750 N.W. 79 AVENUE</b> <b>MIAMI, FLORIDA 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: <b>ARRIETA, ALEJANDRO PRESIDENT</b> 5/3/06 <small>(Signature, typed or printed name of signing officer or director. Date Daytime Phone #)</small>					

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