


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000012601</b> 1. Entity Name FLA CARRIERS INC.	
---	---

Principal Place of Business 7461 W 29 LANE HIALEAH, FL 33018	Mailing Address 7461 W 29 LANE HIALEAH, FL 33018
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3779097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ARZA, GILBERTO JR 7461 W 29 LANE HIALEAH, FL 33018
---

<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARZA, GILBERTO 7461 W 29 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARZA, INES 7461 W 29 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000583568 01/12/07-80001-023 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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.		
<b>SIGNATURE:</b> <i>Muelo Cima</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>01-05-07</b> <small>Date</small>	<b>305-886-4448</b> <small>Daytime Phone # ext 106</small>