FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SECRET... DIVISION...

06 OCT 30 PM 12:09

DOCUMENT # P04000019340

1. Entity Name
DJA Transportation, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2951 NW, 62 St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33147 Country	Zip Country

4. FEI Number: 20-5780145 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Guilarte, Olinda

Street Address (P.O. Box Number is Not Acceptable)

967 East, 27 ST.

City: Hialeah FL Zip Code: 33013

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.

700091614507
11/08/06--01008--017 **300.00

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	President Olinda Guilarte 967 E. 27 ST Hialeah FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **DJA TRANSPORTATION, INC.**

Thank you for your courtesy in this matter.

OLINDA C. GUILARTE
PRESIDENT