2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

E	OCUMENT	#	P04000046538
	Fraith Alexan		

1. Entity Name
ELITE TRANSPORTATION OF MIAM! INC.



Principal Place of Business

Mailing Address 5084 NW 747H AVE MIAMI, FL 33166

5084 NW 74TH AVE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

05052006	No Chg-P	CR2E034 (11/05)	

Applied For

Not Applicable

4. FEI Number

74-3117262

CINTRON, SAMUEL 3711 SW 160TH AVE #201 MIRAMAR FI 33027

SIGNATURE

DO NOT WRITE IN THIS SPACE

MIRAMAR, FL 33027			IN THIS SPACE			
sgildo enti	named entity submits this statement for the tions of registered agent.	burpose of changing its registered ali	ice ar r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fills	If applicable (NOTE: Registered Agen	t signaturi	e required when retraining)	OATE	
)	LE NOWIII FEE IS \$150.00 ue by September 6, 2008	Election Campaign Financing Trust Fund Contribution.	□	\$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 DIRE	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	OP CINTRON, SAMUEL 3711 SW 160TH AVE #201 MIRAMAR, FL 33027					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP CINTRON, OMAR 3811 SW 160TH AVE #101 — MIRAMAR, FL 33027	- · · · · · · · · · · · · · · · · · · ·			U00000548158 05/12/06-80050-023 150.00	
TITLE RAME SIPEET ADDRESS CITY-ST-ZIP	ST GARCIA, JUAN 3811 SW 160TH AVE #107 MIRAMAR, FL 33027			DO	NOT WRITE	
ISSLE NAME STREET ADDRESS CITY-S1-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TRILE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby Indicated of the co- changed	certity that the information-supplied with this in on this report or emplemental report is true poration or the received or trustee empowers or or a paddless, with a	lling does not qualify for the exempti and accurate and that my signature s d to execute this report as required b If other like empowered.	ons co hall ha y Chap	ntained in Chapter 11 ve the same legal effe iter 607, Florida Statut	 Florida Statutes. I further certify that the information of as if made under cath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 	

ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR