



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90176 001 ***150.00

DOCUMENT # P04000059172					
1. Entity Name CHINS TRANSPORT, INC.					
Principal Place of Business 731 E EVANSTON CIRCLE FORT LAUDERDALE, FL 33312			Mailing Address 731 E EVANSTON CIRCLE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business		3. Mailing Address 3209 SW Port St Lucie Blvd. Suite, Apt. #, etc. PMB 188			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006 Chg-P CR2E034 (11/05)	
City & State		City & State Port St. Lucie Florida		4. FEI Number 20-1017546	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		34953 Lucie	
6. Name and Address of Current Registered Agent CHIN, JOSEPH 731 E EVANSTON CIRCLE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name: JOSEPH CHIN Street Address (P.O. Box Number is Not Acceptable): 491 SW BOYD AVE City: Port St. Lucie FL Zip Code: 34953		
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: <u>Joseph Chin</u> JOSEPH CHIN PRESIDENT DATE: <u>4/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHIN, JOSEPH 731 E EVANSTON CIRCLE FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHIN, CECILE 731 E EVANSTON CIRCLE FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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	
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: <u>Joseph Chin</u> JOSEPH CHIN DATE: <u>4/14/06</u> (954) 347-3441 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					