2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT											
DOCUMENT # P0400070847 1. Entity Name WBE AUTO TRANSPORT, INC.								LF:0	1: 21		
Principal Place	o of Busines	2	Mailing Address		ı						
Principal Place of Business 111 AZALEA TERRACE SATSUMA, FL 32189			519 CRILL AVE PALATKA, FL 32177			<i>M</i>	SEU TALLAhi		ĐĀ	48 7 21 1881	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09192006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State				4. FEI Number Applied For 20-1219984 Not Applicable				
Zip				Coun	try	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current i	7. Name and Address of New Registered Agent								
ROCKEFE 111 AZALE SATSUMA	A TERRA	ACE.			Name Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	,	
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 Library Signature, typod or printed name of distance agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11	
TITLE	PVST		☐ Delete	TITLE	· /	DVT	(1.1.11.2	<i></i>	Change	☐ Addition	
NAME	ROCKEF	ELLER, WILLIAM C		E '/	Poc Keteller	, William					
STREET ADDRESS	•				ET ADDRESS	11 A zalea atsuma,	Terrace	و _			
CITY-ST-ZIP		A, FL 32189		-ST-ZIP	atsuma,	FL 3218	<u>, 9</u>				
TITLE	D		☐ Delete	E	•			☐ Change	☐ Addition		
NAME STREET ADDRESS	ROCKEFELLER, WILLIAM C NAM 111 AZALEA TERRACE SIR				E ADDRESS	400080153454 09/25/0601068006 **61.25					
CITY-ST-ZIP					-ST-ZIP	J9725	706U1068-	006	★★61.25	5	
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NAME				NAM							
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NAME				NAM	E				- '	_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
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: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date											