


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

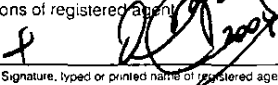
05-09-2006 90073 041 ***150.00

DOCUMENT # P04000119102		
1. Entity Name ROJAS TRANSPORT CORP		

Principal Place of Business 6195 WEST 18 AVE #G218 HIALEAH, FL 33012	Mailing Address 6195 WEST 18 AVE #G218 HIALEAH, FL 33012
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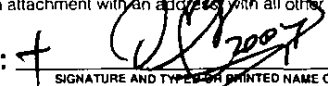
2. Principal Place of Business 18960 NW 57 Avenue	3. Mailing Address 18960 NW 57 Avenue
Suite, Apt. #, etc. #205	Suite, Apt. #, etc. #205
City & State Miami, Florida	City & State Miami, Florida
Zip 33015	Country US

6. Name and Address of Current Registered Agent GOMEZ, RENE R 6195 WEST 18 AVE #G218 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name GOMEZ RENE R. Street Address (P.O. Box Number is Not Acceptable) 18960 NW 57 Avenue #205 City Miami	
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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 	DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, RENE R 6195 WEST 18 AVE #G218 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ RENE R. 18960 NW 57 Avenue #205 Miami Florida 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: 	DATE

40089360



02272006 Chg-P CR2E034 (11/05)

4. FEI Number
80-0125427

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

7. Name and Address of New Registered Agent
Name
GOMEZ RENE R.
Street Address (P.O. Box Number is Not Acceptable)
18960 NW 57 Avenue #205
City
Miami

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9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOMEZ RENE R.
18960 NW 57 Avenue #205
Miami Florida 33015

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