FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2008 08:00 AM ATX1
Secretary of State

DOCUMENT # P04000129277

1. Entity Name

DUIGI TRANSPORT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2708 NE 2 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State
Zip: 33909 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-1622244 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AICARDI, DUILIO

Street Address (P.O. Box Number is Not Acceptable): 2708 NE 2 AVE

City: CAPE CORAL **FL** Zip Code: 33909

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 _____ DUILIO AICARDI 2/9/2008

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

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		11.	
TITLE	P	TITLE	
NAME	AICARDI, DUILIO	NAME	
STREET ADDRESS	2708 NE 2 AVE	STREET ADDRESS	000000921567
CITY-ST-ZIP	CAPE CORAL, FL 33909	CITY-ST-ZIP	05/15/08-80013-002 150.00
TITLE	V	TITLE	
NAME	AICARDI, GISELA	NAME	
STREET ADDRESS	2708 NE 2 AVE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33909	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ DUILIO AICARDI 2/9/2008 (239) 573-2789

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