

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # P04000129277
1. Entity Name
DUIGI TRANSPORT INC

DO NOT WRITE IN THIS SPACE

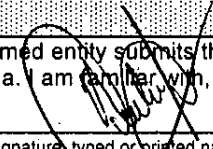
2. Principal Place of Business 2708 NE 2 AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL, FL		City & State	
Zip 33909	Country	Zip	Country

4. FEI Number 20-1622244	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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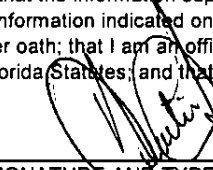
7. Name and Address of Current Registered Agent	
Name AICARDI, DUILIO	
Street Address (P.O. Box Number is Not Acceptable) 2708 NE 2 AVE	
City CAPE CORAL	FL Zip Code 33909

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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AICARDI, DUILIO 2708 NE 2 AVE CAPE CORAL, FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000921567 05/15/08-80013-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AICARDI, GISELA 2708 NE 2 AVE CAPE CORAL, FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #