

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90043 039 \*\*\*150.00

|   |                                 |   |   |  |  |
|---|---------------------------------|---|---|--|--|
| <b>DOCUMENT # P04000138073</b>  |                                 |   |   |  |  |
| <b>1. Entity Name</b><br>JC AUTO TRANSPORT INC.   |                                 |   |   |  |  |
| <b>Principal Place of Business</b><br>14060 NW 20TH AVE<br>OPA LOCKA, FL 33054  |                                 |   | <b>Mailing Address</b><br>1747 NW 38 AVE<br>FORT LAUDERDALE, FL 33311   |  |  |
| <b>2. Principal Place of Business</b><br>1745 NW 38 AVENUE<br>Suite, Apt. #, etc.   |                                 | <b>3. Mailing Address</b><br>PO BOX 100544<br>Suite, Apt. #, etc.   |   |  |  |
| <b>City &amp; State</b><br>LAUDERHILL FL<br>Zip 33311 Country USA   |                                 | <b>City &amp; State</b><br>FORT LAUDERDALE FL<br>Zip 33310 Country USA  |   | <b>4. FEI Number</b><br>33-1101606   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                 |   |   | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>DAWKINS, JUNIOR<br>17851 90TH ST N<br>LOXAHATCHEE, FL 33470   |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name: WANDA DIXON<br>Street Address (P.O. Box Number is Not Acceptable):<br>7666 RAMONA DRIVE<br>City: MIRAMAR FL Zip Code: 33023 |  |  |
| <b>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.</b>  |                                 |   |   |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>MALLETT, CLIVE JR.<br><b>STREET ADDRESS</b><br>1747 NW 38TH AVE.<br><b>CITY-ST-ZIP</b><br>FT LAUDERDALE, FL 33311   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>PRESIDENT<br><b>NAME</b><br>CLIVE MALLET JR.<br><b>STREET ADDRESS</b><br>1143 WYOMING AVENUE<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33312                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>MALLETT, CLIVE SR.<br><b>STREET ADDRESS</b><br>1747 NW 38TH AVE.<br><b>CITY-ST-ZIP</b><br>FT LAUDERDALE, FL 33311   | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>DIRECTOR<br><b>NAME</b><br>CLIVE MALLET SR.<br><b>STREET ADDRESS</b><br>1143 WYOMING AVENUE<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33312                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
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| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>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.</b> |                                 |   |   |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                 |   |   |  |  |
| Date _____ Daytime Phone # _____  |                                 |   |   |  |  |