2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2006 8:00 am
Secretary of State

04-17-2006 90364 032 ***150.00

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04122006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000002032

1. Entity Name
BLAZQUEZ TRANSPORT, INC.

Principal Place of Business	Mailing Address
2606 W 8 AVENUE HIALEAH, FL 33010	2606 W 8 AVENUE HIALEAH, FL 33010

2. Principal Place of Business	3. Mailing Address
720 W. 70 PL.	720 W. 70 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number 20-2124668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, LUIS E
~~2606 W 8 AVENUE~~
~~HIALEAH, FL 33010~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 720 W 70 PL

City Hialeah FL Zip Code 33014

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, LUIS E		NAME		
STREET ADDRESS	~~2606 W 8 AVENUE~~		STREET ADDRESS	720 W. 70 PL.	
CITY-ST-ZIP	~~HIALEAH, FL 33010~~		CITY-ST-ZIP	Hialeah FL 33014	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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: ______________________________ 4/18/06 786 402 5054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #