2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/9/

FILED
Jun 20, 2006 8:00 am
Secretary of State
05-09-2006 90079 050 ***150.00

DOCUMENT # P05000013791

1. Entity Name
V S 2005 TRANSPORT CORP

Principal Place of Business	Mailing Address
6342 LONGBOAT LN W C201 BOCA RATON, FL 33433	6342 LONGBOAT LN W C201 BOCA RATON, FL 33433

66020085

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 202231007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SZAUER, JORGE M 6342 LONGBOAT LN W C201 BOCA RATON, FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	P SZAUER, JORGE M 6342 LONGBOAT LN W C201 BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLEJO, ARTURO 14607 S W 142 PL MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 04/14/06 561 716 0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

660020085

H05000013751

V.S. 2005 TRANSPORT CORP.

TAX FILING INSTRUCTIONS

Form 2006 Corp. Annual Report

____ No payment is required.

XXXX Prepare check payable to:

Fl. Dept. of State $ 150.00

____ Mail check and deposit card to your bank by:

XXX Enclose check with above form

XXX Sign and date form

XXX Mail in the enclosed envelope by April 24, 2006

Fl. Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee Fl 32314

Notes:

Write on your check:

~~Documents #:~~

~~Year 2006.~~

Garcia Accounting & Tax Services Inc.
10750 S.W. 24th Street
Miami, FL 33165
(305) 551-4959

Form TFI Thank You