2006 FOR PROFIT CORPORATION ANNUAL REPORT

الجملية المدارية

DOCUMENT # P05000023943 1. Entity Name CJ'S TRANSPORT, INC.					06 SEP 18 AM 7: 46 OKE WARY OF STATE CLEAHASSEE, FLORIDA					
Principal Place of Business Mailing Address						AHATT	SSEE. FL	ORIDA		
16001 SW 100 CT. 16001 SW 100 CT. MIAMI, FL 33157 MIAMI, FL 33157					4 (80((80) 1)		18(H -6 1(6 H256 (III		11 001 N (881	
2. Principal P	flace of Business	3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09132006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Numb	2344	005.		pplied For at Applicable	
Zip	Country			<i>y</i>	<u> </u>	of Status Desired		8.75 Add ee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
MOLINA, (16001 SW MIAMI, FL	100 CT.		Street Addre		s (P.O. Box Number is Not Acceptable)					
,	00.0.		City					Zip Code	9	
8. The above	named entity submits this statement			ed agent, or bo	ith, in the State of I	FL Florida, Lam fa				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIN FEE IS \$150.00 Due by September 15, 2006 9. Election Campaign Fine Trust Fund Contribution				~ _ **	5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS	CHANGES TO O	FICERS AND I	DIRECTORS	3 IN 11	
TITLE	PD Delete				_	w		Change	Addition	
NAME Street Address City-St-Zip				ADDRESS T-ZIP	09/2	10080 (7060102	D25 2 3010	? 71 **150	.00	
TITLE			TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-SI-ZIP	16001 SW 100 CT.			ADDRESS					(
TITLE	"		CITY-ST	ii-dr				Change	☐ Addition	
NAME STREET ADDRESS	NA en			ADDRESS						
CITY-ST-ZIP				T-ZiP						
TITLE NAME	☐ Delete TiTL							☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	l l			ADDRESS T-ZIP						
TITLE	☐ Delete Tiff				•			☐ Change	Addition	
NAME STREET ADDRESS	NAM SIRE			ADDRESS]	
CITY-ST-ZIP			CITY-ST	T - ZIP						
TITLE NAME	☐ Delete IIILI							☐ Change	Addition	
STREET ADDRESS STREE			STREET	ADDRESS						
CITY-ST-ZIP	Cortify that the information counting	with this filing does got such	CITY-ST		l in Chantar 11	O Florida Statut	I fumbor	u thet the "	oformation	
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 officer like empowered.										
	SIGNATURE: Losgo Holiva									

JC 9/20