2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2006 8:00 am **Secretary of State** DOCUMENT # P05000029711 1. Entity Name 02-02-2006 90078 014 ***150.00 A THRU Z TRANSPORT, INC. Principal Place of Business Mailing Address 1302 NW 89TH TERRACE 1302 NW 89TH TERRACE PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number - 0116375 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, JAY W ESQ. 225 E. ROBINSON ST. STE. 660 ORLANDO, FL 32802 INES 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES Delete TITLE TITLE Addition ☐ Change NAME AVILES, HELEN NAME 1302 NW 89TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL (32024) 330a4 CITY-ST-ZIP TITLE TITLE Addition □ Delete Aviles Manuel Terrace MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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 ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE __ Change Addition 🗆 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: 1

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WASIE OF SIGNING OFFICER OR DIRECTO

ben Aviles 1/28/ce

954-436-8969 Dayture Phone #

FILED