

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-27-2006 90122 001 ***150.00
02-27-2006 90122 002 *****8.75

DOCUMENT # P05000030842 1. Entity Name E. SANTANA TRANSPORT CORPORATION			
Principal Place of Business 6023 WINEGARD RD APT A ORLANDO FL 32809		Mailing Address 6023 WINEGARD RD APT A ORLANDO FL 32809	
2. Principal Place of Business 3438 Circleville St		3. Mailing Address 3438 Circleville St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State North Port, FL		City & State North Port, FL	
Zip 34286		Zip 34286	
Country Sanasota		Country Sanasota	
4. FEI Number 20-2426141		EIN # 	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANA, EDGARDO 6023 WINEGARD RD APT A ORLANDO FL 32809		7. Name and Address of New Registered Agent Name Santana Edgardo Street Address (P.O. Box Number is Not Acceptable) 3438 Circleville St City North Port State FL Zip 34286	
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 <u><i>Edgardo Santana</i></u> DATE <u>3/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SANTANA, EDGARDO STREET ADDRESS 6023 WINEGARD RD APT A CITY - ST - ZIP ORLANDO FL 32809	<input type="checkbox"/> Delete	TITLE P NAME Edgardo Santana STREET ADDRESS 3438 Circleville St CITY - ST - ZIP North Port, FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SANTANA, PRISCILLA STREET ADDRESS 6023 WINEGARD RD APT A CITY - ST - ZIP ORLANDO FL 32809	<input type="checkbox"/> Delete	TITLE VP NAME Priscilla Santana STREET ADDRESS 3438 Circleville St CITY - ST - ZIP North Port, FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Edgardo Santana</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/13/06</u> (941) 489-6841 <small>Daytime Phone #</small>	