

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000035012

1. Entity Name
SEXY AUTO TRANSPORT CARRIERS INC



FILED

06 MAY -2 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15489 SW 36TH ST
MIAMI, FL 33185

Mailing Address
15489 SW 36TH ST
MIAMI, FL 33185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7925 NW 16 AV

City & State

MIAMI, FL

Suite, Apt. #, etc.

7925 NW 16 AV

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

05012006

Chg-P

CR2E034 (11/05)

4. FEI Number

202455927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL TORO, RODISBER
15489 SW 36TH ST
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

PEDRO V. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

7925 NW 16 AV

City

MIAMI

33147 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEL TORO, RODISBER
15489 SW 36TH ST
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PERNAS, DIEGO
1340 W 42 ST
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VALENTIN, PEDRO
7925 NW 16 AVE
MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800075020598
05/22/06--01023--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #