## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SEXY AUTO TRANSPORT CARRIERS INC  06 MAY - 2 PM 1: 56  Principal Place of Business  15489 SW 36TH ST  15489 SW 36TH ST  MAMI, FL 33185  22 Principal Place of Business  3. Mailing Address  15489 SW 36TH ST  MAMI, FL 33185  3. Mailing Address  4. Elementate of Business  3. Certificate of Status Desired  3. Second Conference of Confe	DOCUMENT # P05000035012					FI	LED		
National Place of Business 15489 SW 36TH ST 15489 SW 36TH	1. Entity Name SEXY AUTO TRANSPORT CARRIERS INC					1 16-6-59			
1.5489 SW 36TH ST   1.54						06 MAY -2 PM 1:56			
MAM, FL 33185  MAM, FL 33185  MAM, FL 33185  A Principal Place of Business  Suits Age 1, etc.  Only 4 Suits  Age 1 Place of Business  Suits Age 2, etc.  Only 4 Suits  Only 5 Suits  Age 1 Place of Business  Suits Age 2, etc.  Only 4 Suits  Only 5 Suits  Age 1 Place of Business  Suits Age 2, etc.  Only 4 Suits  Only 5 Suits  Age 1 Place of Business  Suits Age 2, etc.  Only 5 Suits  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Only 5 Suits  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Age 1 Place of Business  Suits Age 2, etc.  Sui	· · · · · · · · · · · · · · · · · · ·								
2. Principal Place of Business						TALLAHA	SSEE, FLORIDA		
Suits Agl. 8, etc.    Suits Agl. 8, etc.   Soil Agl. 8, etc.   Soi					1 7000 000 17	1 G 2181 91111 2011 8171 G	RISI AGIND ASSILUTIO NESEDISTA (IRID E	NIERO A MINI	
Applied For Not As State   Applied For Not As St	2. Principal P	lace of Business	3. Mailing Address						
Applied For Not Assisted   Applied For Not Assis	Suite Ant # etc -				, <i>W</i>	, CEID) BAN BAN CEIN C	581 58145 AM	100 H 1001	
Signatures  Del Toro, Rodisser agent	7925 NW 16AV 7925 NW				905012006	Chg-P	CR2E034 (11/05)		
B. Name and Address of Current Registered Agent  To Name and Address of Name Agent  To Name and Address	City & Stat	" MIAMIFL	City & State	11' F	4. FEI Numb	2455	$\alpha$	•	
DEL TORO, RODISBER 15.498 SW 35TH ST  MIAMI, FL 33185  The above named entity submits this align-midiff of the purpose of changing its registered office or requiremed agent, or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both, in the State of Fortida. Tam familiar with, and accept the obligations of registered agent. Or both agent. Take the obligations of registered agent. Or both agent. Take the obligations of registered agent. Or both agent. Take the obligations of registered agent. Or both agent. Take the obligations of registered agent. Or both agent. Take the obligations of registered agent. Or both agent. Take the obligations of registered agent. Or both agent. Take the obligations of the registered agent. Or both agent. Take the obligations of the registered agent. Or both agen	Zip 23	Country 151	33147	Country 152	5. Certificate	of Status Desired	□ \$8.75 Ad	ditional	
DEL TORO, RODISBER 15489 SW 36TH ST  MIAMI, FL 33185  Sereul/Address (P. O. Box Number is Not Acceptable)  City MIAMI, FL 23185  Sereul/Address (P. O. Box Number is Not Acceptable)  City MIAMI, FL 23185  Sereul/Address (P. O. Box Number is Not Acceptable)  City MIAMI, FL 23185  City MIAMI, FL 23185  Sereul/Address (P. O. Box Number is Not Acceptable)  City MIAMI, FL 23185  Sereul/Address (P. O. Box Number is Not Acceptable)  City MIAMI, FL 23185  SERENADORS (P. O. Box Number is Not Acceptable)  PLE NOWIHI FEE IS \$150.00  After May 1, 2008 Fee will be \$350.00  PER NOWIHI FEE IS \$150.00  After May 1, 2008 Fee will be \$350.00  PER NOWIHI FEE IS \$150.00  After May 1, 2008 Fee will be \$350.00  PER NOWIHI FEE IS \$150.00  After May 1, 2008 Fee will be \$350.00  PER NOWIHI FEE IS \$150.00  PER NOWIHI FEE IS \$150.00  After May 1, 2008 Fee will be \$350.00  PER NOWIH FEE IS \$150.00  PER NOWIHI FEE IS \$150.00  After May 1, 2008 Fee will be \$150.00  PER NOWIHI FEE IS		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and	Address of New		<b>3G</b>	
Steed Address (P.O. Box Number inf Not Acceptable)    Steed Address (P.O. Box Number inf Not Acceptable)									
8. The above named entity submits this state-mitting of the purpose of changing its registered agent, or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent, or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent. Or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent. Or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent. Or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent. Or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent. Or both, in the State of Excide. I am familiar with, and accept the colligations of registered agent. Or both, in the State of Excidence agent. Or both in the State of Excidence and the Implication agent of Excidence agent. Or both in the State of Excidence and the Implication of this report or supplemental report is supplemental report as required by Chapter 607. Provide Statuties: and that my name appears in Block 10 or Block 11 if chapter. Or an adactioner of the excise of this export or supplemental report is supplemental report as required by Chapter 607. Provide Statuties: and that my name appears in Block 10 or Block 11 if chapter. Or an adactioner of	15489 SW 36TH ST				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this signare first of 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 or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the appearance of registered agent. Or both, in the State of Florida. I am familiar with, and accept the appearance of registered agent. Or both, in the State of Florida. I am familiar with, and accept the appearance of registered agent registered agent. Or both, in the State of Florida. I am familiar with, and accept the appearance of registered agent registered agent registered agent.  10. DITE    Price   Pr	MIAMI, FL 33185				775 1	1112 /	6 A11		
B. The above named entity submits this asptembly for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept the debigations of registered agent and registered agent age				City /C	ALL	33/4	7 FI Zip Cox	te	
SIGNATURE	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								
Change   Delete   TILE   Delete   Delete   Delete   TILE   Delete   Delete   Delete   TILE   Delete   Delete   TILE   Delete   D									
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$350.00  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  TIME   DEL TORO, RODISBER	SIGNATURE STREET AND A STREET A								
Affeor May 1, 2006 Fee will be \$350.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  DEL TORO, RODISBER SIREH ADDRESS			No see a approache.				UNIL .		
TITLE   PEL TORO, RODISBER   SAREHAUDRESS   SIDILIDIT'S DESCRIPTION   STRETADRESS   SIDILIDIT'S DESCRIPTION   STRETADRESS   SIDILIDIT'S DESCRIPTION   STRETADRESS   STRETA									
DEL TORO, RODISBER 15489 SW 36TH ST SIRET ADDRESS SIRET AD	10.			<b>₽</b> `	ADDITIONS	CHANGES TO OF			
CITY-ST-2P MIAMI, FL 33185 CITY-ST-2P Delete TITLE WANGE STREET ADDRESS CITY-ST-2P Delete TITLE WANGE STREET ADDRESS CITY-ST-2P DELETE TITLE WANGE STREET ADDRESS CITY-ST-2P MIALEAH, FL 33012 TITLE WANGE STREET ADDRESS CITY-ST-2P MIALEAH, FL 33147 TITLE Delete TITLE WANGE STREET ADDRESS CITY-ST-2P MIAMIN, FL 33147 TITLE DELETE TITLE WANGE STREET ADDRESS CITY-ST-2P TITLE DELETE TITLE WANGE STREET ADDRESS CITY-ST-2P TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DELETE TITLE DELETE DEL	NAME	<b>l</b> '	Delete					_	
TITLE  WAVE  PERNAS, DIEGO  STRET ADDRESS  TOTY-ST-2P  HALEAH, FL 33012  TITLE  WAVE  TOTY-ST-2P  WALEATIN, PEDRO  7925 NW 16 AVE  CITY-ST-2P  TITLE  WAVE  STRET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  WAVE  STRET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  WAVE  STRET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  WAVE  STRET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  WAVE  STRET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  WAVE  STRET ADDRESS  CITY-ST-2P	STREET ADDRESS								
PERNAS, DIEGO SIREI JADRES SITERI JADRES SIT	TITLE		□ Delete		ال.ال.ا	122100 0			
HIALEAH, FL 33012  TITLE  WAWE  VP VALENTIN, PEDRO 7925 NW 16 AVE MIAMI, FL 33147  TITLE  WAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Change  Addition  TART  ADDRESS CITY-ST-ZIP  TITLE  Change  Addition  TITLE  Change  Addition  TITLE  Change  Addition  TITLE  WAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Change  Addition  TITLE  CHANGE  THE ADDRESS CITY-ST-ZIP  CHANGE  TITLE  CHANGE  THE ADDRESS CITY-ST-ZIP  CHANGE  THE ADDRESS	NAME	, ·							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY-ST-ZIP	ľ							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY	TITLE	VP	☐ Delete	TITLE	DR	251	d Change	☐ Addition	
CITY-ST-ZP MIAMI, FL 33147  CITY-ST-ZP  TITLE NAME STREET ADORESS CITY	NAME STREET ADDRESS		etitle Only		1 / 1				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CHANGE CHANGE ADDRESS CITY-ST-ZIP  CHANGE CHANGE ADDRESS CITY-ST-ZIP  CHANGE CHAN	CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TO belete  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TO be extify 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 tribe 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:	TITLE		☐ Delete				☐ Change	☐ Addition	
Delete TITLE Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete STREET ADDRESS CITY-S	NAME STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 tribe and accurate and that my signature shall have the same legal effect as if made under oalt; 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:	CITY-ST-ZIP			CITY-ST-ZIP			·		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 tribe 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 antities, with all other like empowered.  SIGNATURE:	TITLE NAME		☐ Detete				☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP  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 tribe 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 antivest, with all other like empowered.  SIGNATURE:	STREET ADDRESS								
STREET ADDRESS CITY-ST-ZP  12. I hereby certify that the information supplied with this filling 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 tribe 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 ampowered 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 activity with all other like empowered.  SIGNATURE:	CITY-ST-ZIP		<u></u>	CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 ripe 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:	TITLE Name		☐ Delete				☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 tribe 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 actives, with all other like empowered.  SIGNATURE:	STREET ADDRESS			STREET ADDRESS					
indicated on this report or supplemental report is tribe 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 artificial with all other like empowered.  SIGNATURE:	CITY-ST-ZIP		<del></del>			<del> </del>			
SIGNATURE:	indicated	on this report or supplemental report is	tribe and accurate and that my	signature shall ha	ave the same legal effe	ct as if made unde	r oath: that I am an office	r or director	
	changed	or on an attachment with an address.	wered to execute this report as with all other like empowered.	s required by Cha	pier 607, Pionda Statut	es; and that my ha	пе арреагs in вюск 10 с	n BROCK 11 If	
	SIGNAT	TURE:							
		MONTHE AND TYPED ON	PRINCIPED NAME: OF SIGNING OFFICER OF	RORRECTOR		Date	Daytime Phone #		