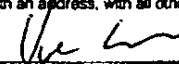


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

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

04-26-2006 90224 041 ***150.00

DOCUMENT # P05000038060 1. Entity Name FAREAST TRANSPORT, INC					
Principal Place of Business 661 NW 127 PATH MIAMI, FL 33182 US				Mailing Address 661 NW 127 PATH MIAMI, FL 33182 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-2502517				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESTEVEZ, JOE 661 NW 127 PATH MIAMI, FL 33182			Name Street Address (P.O. Box Number is Not Acceptable) City 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: _____ DATE: _____ Signature, typed or printed name of registered agent and date if applicable. (NOT: Registered Agent signature required when re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete			
NAME	ESTEVEZ, JOE				
STREET ADDRESS	661 NW 127 PATH				
CITY - ST - ZIP	MIAMI, FL 33182				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
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CITY - ST - ZIP					
TITLE		☐ Delete			
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 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></u> <u>4/23/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					