2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 15, 2006 8:00 am **Secretary of State** DOCUMENT # P05000039438 1. Entity Name 02-15-2006 90035 011 ***158.75 GENESIS TRANSPORT, INC. Principal Place of Business Mailing Address 6801 NW 77TH AVENUE SUITE 311, WESLEY CENTER MIAMI FL 33166 6801 NW 77TH AVENUE SUITE 311, WESLEY CENTER MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number 20-2570549 City & State City & State Applied For Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ECHNIE Parso PARDO, ROBERTO 3205 W. 14TH AVENUE HIALEAH FL 33012 3 3012 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 age 02-02-06 (NOTE: Registered Agrest signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 🖫 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PESUARE PTD THLE ☐ Delete TITLE ☐ Change Addition JEANHIE Pardo PARDO, ROBERTO NAME NAME 3205 WIY ave STREET ADDRESS 3205 W. 14TH AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP Hialeut FL33012 ☐ Delete TITLE TITLE ☐ Change SEANNIE POURDO Addition NAME NAME 3205 W14ave STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIGIEUH FL 33012 CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 origin like empowered.

SIGNATURE:

FILED