

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041505

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: OVIEDO TRANSPORTATION CORP.

## Current Principal Place of Business:

26622 SW 122 CT  
HOMESTEAD, FL 33032 US

## New Principal Place of Business:

26900 SW 142 CT.  
HOMESTEAD, FL 33032 US

## Current Mailing Address:

26622 SW 122 CT  
HOMESTEAD, FL 33032

## New Mailing Address:

P.O BOX 924122  
HOMESTEAD, FL 33092

FEI Number: 20-5235044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OVIEDO, JUAN  
26622 SW 122 CT  
HOMESTEAD, FL 33032 US

## Name and Address of New Registered Agent:

OVIEDO, JUAN  
26900 SW 142 CT.  
HOMESTEAD, FL 33032 US

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.

SIGNATURE: JUAN OVIEDO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OVIEDO, JUAN  
Address: 26622 SW 122 CT  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: SD ( ) Delete  
Name: VARGAS, ANA M  
Address: 26622 SW 122 CT  
City-St-Zip: HOMESTEAD, FL 33032 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OVIEDO, JUAN  
Address: 26900 SW 142 CT.  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: SD (X) Change ( ) Addition  
Name: VARGAS, ANA M  
Address: 26900 SW 142 CT.  
City-St-Zip: HOMESTEAD, FL 33032 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN OVIEDO

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date