

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055796

FILED  
Jul 25, 2006  
Secretary of State

Entity Name: CERRONE TRANSPORT CORP.

## Current Principal Place of Business:

490 NORTH PIN OAK PLACE  
112  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 916731  
LONGWOOD, FL 32791 US

## New Mailing Address:

490 NORTH PIN OAK PLACE  
#112  
LONGWOOD, FL 32791 US

FEI Number: 42-1665608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMEZ, GIA C  
490 NORTH PIN OAK PLACE  
112  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GAMEZ, EDGAR K  
Address: 490 NORTH PIN OAK PLACE #112  
City-St-Zip: LONGWOOD, FL 32779 US

Title: S ( ) Delete  
Name: GAMEZ, GIA C  
Address: 490 NORTH PIN OAK PLACE #112  
City-St-Zip: LONGWOOD, FL 32779 US

Title: V (X) Delete  
Name: CERRONE, GARRY F  
Address: 5108 FRANKLINTOWN RD  
City-St-Zip: BALTIMORE, MD 21207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDGAR K GAMEZ

P

07/25/2006

Electronic Signature of Signing Officer or Director

Date