

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055796

FILED
Apr 13, 2007
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:

1905 SUNSET PALM DRIVE
APOPKA, FL 32712 US

Current Mailing Address:

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

New Mailing Address:

1905 SUNSET PALM DRIVE
APOPKA, FL 32712 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 US

Name and Address of New Registered Agent:

GAMEZ, GIA C
1905 SUNSET PALM DRIVE
APOPKA, FL 32712US 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: GIA C GAMEZ

04/13/2007

Electronic Signature of Registered Agent

Date

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAMEZ, EDGAR K
Address: 1905 SUNSET PALM DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: S (X) Change () Addition
Name: GAMEZ, GIA C
Address: 1905 SUNSET PALM DRIVE
City-St-Zip: APOPKA, FL 32712 US

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: GIA C GAMEZ

S

04/13/2007

Electronic Signature of Signing Officer or Director

Date