


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90152 002 ***150.00

| | | | | | |
|---|---|-----------------------------------|---|---|--|
| DOCUMENT # P05000071485 1. Entity Name <u>ARBOS TRANSPORT, INC</u> | | | |  | |
| Principal Place of Business 1990 WEST 56 ST 1211 HIALEAH FL 33012 US | | | Mailing Address 1990 WEST 56 ST 1211 HIALEAH FL 33012 US | | |
| 2. Principal Place of Business <u>ARBOS TRANSPORT, INC</u> | | | 3. Mailing Address <u>1990 W 56 ST</u> | | |
| Suite, Apt. #, etc. <u>1990 W 56 ST 1211</u> | | | Suite, Apt. #, etc. <u>1211</u> | | |
| City & State <u>HIALEAH, FL</u> | | | City & State <u>HIALEAH</u> | | |
| Zip <u>33012</u> | | Country <u>DADE</u> | | Zip <u>33012</u> | |
| Country <u>DADE</u> | | 4. FEI Number <u>202833804</u> | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ARBOS, MARUEN 1990 WEST 56 ST 1211 HIALEAH FL 33012 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ARBOS, MARUEN 1990 WEST 56 ST # 1211 HIALEAH FL 33012 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BARROSO, YOANKA 1990 WEST 56 ST # 1211 HIALEAH FL 33012 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | --- | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Delete | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature] **DATE:** 04/17/06 **DAYTIME PHONE #:** 305 825 0966