

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 04, 2006
Secretary of State**

DOCUMENT# P05000072272

Entity Name: CROSS STATE TRANSPORT INC.

Current Principal Place of Business:

2229 BODRICK CIRCLE, # 202
BRANDON, FL 33511

New Principal Place of Business:

15436 N. FLORIDA AVENUE
103
TAMPA, FL 33613

Current Mailing Address:

2229 BODRICK CIRCLE, # 202
BRANDON, FL 33511

New Mailing Address:

15436 N. FLORIDA AVENUE
TAMPA, FL 33613

FEI Number: 20-2848659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDOVA, MIGUEL
2229 BODRICK CIRCLE, # 202
BRANDON, FL 33511 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORDOVA, MIGUEL
Address: 2229 BODRICK CIRCLE, # 202
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: DICKS, TIMOTHY
Address: 1025 NORTH LAVON AVE.
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: CORDOVA, TEODORO
Address: 4747 WEST WATERS AVE., APT. 4010
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOBEA, RENIER
Address: 4902 TOWN N COUNTRY BLVD
City-St-Zip: TAMPA, FL 33634

Title: V (X) Change () Addition
Name: CORDOVA, MIGUEL
Address: 4747 WEST WATERS AVE., APT. 4010
City-St-Zip: TAMPA, FL 33614

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: RENIER GOBEA

PRES

08/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date