2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000079219: 02-28-2006 90011 020 ***150.00 1. Entity Name ADJ TRANSPORT, INC. Mailing Address Principal Place of Business 870 E 6 AVE 870 E 6 AVE HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01272006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State <u> 20-2980607</u> Not Applicable Zìp: Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYONADA, LUIS Street Address (P.O. Box Number is Not Acceptable) 870 E 6 AVE HIALEAH, FL 33010 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE Change TITLE ☐ Delete Damaris Gonzalez NAME NAME 18025 NW 49 Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZiP Miami Fl 33055 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Luis Mayonada NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33010 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports into 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. SIGNATURE: _£ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FILED Feb 28, 2006 8:00 am