

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90432 034 \*\*\*150.00

<b>DOCUMENT # P05000082268</b> 1. Entity Name <b>COLTRANSPORT, INC.</b>					
Principal Place of Business <b>3837 TOWNSHIP SQ BLVD APT 3B ORLANDO, FL 32837</b>			Mailing Address <b>3837 TOWNSHIP SQ BLVD APT 3B ORLANDO, FL 32837</b>		
2. Principal Place of Business <b>2981 Marbella Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2981 Marbella Dr</b> Suite, Apt. #, etc.			
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>		4. FEI Number <b>20-2471312</b>	
Zip <b>34744</b>		Country <b>Oceola</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONTRERAS, JOHN 3837 TOWNSHIP SQ BLVD APT 3B ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CONTRERAS, JOHN</b> <b>3837 TOWNSHIP SQ BLVD - APT 3B</b> <b>ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>CAMPO, DARIO</b> <b>3837 TOWNSHIP SQ BLVD - APT 3B</b> <b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this 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 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.</b>			<b>SIGNATURE: <u>John Contreras</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
<b>4-19-2006</b> Date			<b>(561)3193093</b> Daytime Phone #		

40060651



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