

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-21-2006 90122 013 ***150.00

DOCUMENT # P05000098697 1. Entity Name ALL CONTAINER TRANSPORT, INC.																																																																																						
Principal Place of Business 323 NE 27 ST. SUITE 100 MIAMI, FL 33137			Mailing Address 323 NE 27 ST. SUITE 100 MIAMI, FL 33137																																																																																			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																			
City & State			City & State																																																																																			
Zip		Country		Zip																																																																																		
Country		Country		4. FEI Number 86-1144237																																																																																		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																		
5. Name and Address of Current Registered Agent ARRUFAT, FRANKLIN E 323 NE 27 ST. MIAMI, FL 33137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent's signature required when transferring)																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ARRUFAT, OLGA E</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>323 NE 27 ST., SUITE 100 MIAMI, FL 33137</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ARRUFAT, FRANKLIN E</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>323 NE 27 ST., SUITE 100 MIAMI, FL 33137</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS	ARRUFAT, OLGA E		CITY- ST- ZIP	323 NE 27 ST., SUITE 100 MIAMI, FL 33137		TITLE	NAME	☐ Delete	STREET ADDRESS	ARRUFAT, FRANKLIN E		CITY- ST- ZIP	323 NE 27 ST., SUITE 100 MIAMI, FL 33137		TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP		
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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.																																																																																						
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OLGA E. ARRUFAT				Date 4-18-06 (305) 573-4848 Daytime Phone #																																																																																		