

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

04-03-2007 90015 039 ***150.00

DOCUMENT # P05000105376 1. Entity Name ALCOLEA TRANSPORT CORP.					
Principal Place of Business 61 E 51 PL HIALEAH FL 33013			Mailing Address 61 E 51 PL HIALEAH FL 33013		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3237989	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARONA, JULIO C 25555 SW 139 AVE MIAM FL 33032				7. Name and Address of New Registered Agent Name Jorge A Fernandez Street Address (P.O. Box Number is Not Acceptable) 61 East 51 Place City Hialeah FL Zip Code 33013	
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 03/23/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD FERNANDEZ, JORGE A 61 E 51 PL HIALEAH FL 33013	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Richard A Suarez 61 East 51 Pl. Hialeah, FL. 33013
☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD VARONA, JULIO C 61 E 51 PL HIALEAH FL 33013	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition			
☐ Change ☐ Addition					
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, without other like empowered.					
SIGNATURE: 03/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					