

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90217 035 \*\*\*150.00

**DOCUMENT # P05000106652**



1. Entity Name  
**ELIAS & ABBY TRANSPORT INC.**

Principal Place of Business  
**1014 AMERICAN ROSE PKWY  
 ORLANDO, FL 32825**

Mailing Address  
**717 EAST OAK STREET  
 KISSIMMEE, FL 34744**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212007 Chg-P CR2E034 (12/06)

4. FEI Number

**20-1198949**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLECHA, ELIAS JR  
 1014 AMERICAN ROSE PKWY  
 ORLANDO, FL 32825**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD**  Delete  
 NAME **FLECHA, ELIAS JR**  
 STREET ADDRESS **1014 AMERICAN ROSE PKWY**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPSD**  Delete  
 NAME **FLECHA, ABIGAIL**  
 STREET ADDRESS **1014 AMERICAN ROSE PKWY**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Elias Flecha Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04.25.2007* *407-322-0904*  
 Date Daytime Phone #