


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90025 040 \*\*\*158.75

DOCUMENT # P05000108551					
1. Entity Name MALTESE TRANSPORT INC.					
Principal Place of Business 3631 SW 127TH AVE MIAMI, FL 33175			Mailing Address 3631 SW 127TH AVE MIAMI, FL 33175		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent DE ARMAS, SERGIO 3631 SW 127TH AVE MIAMI, FL 33175				4. FCI Number <b>20-3278000</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
7. Name and Address of New Registered Agent				Assoc'd For Not Assoc'd	
Name					
Street Address (P.O. Box Number's Not Accepted)					
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 _____ <small>Signature, handwritten and typed or printed name of registered agent or trustee (last name, first name, middle initial) (required) (signature required) (date)</small>					
<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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE ARMAS, SERGIO		NAME		
STREET ADDRESS	3631 SW 127TH AVE		STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 33175		CITY ST ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE ARMAS, KENIA		NAME		
STREET ADDRESS	3631 SW 127TH AVE		STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 33175		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			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 supplementary 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 to this address, with a proper title empowered.					
SIGNATURE: <u>Sergio De Armas</u> , <u>SERGIO DE ARMAS</u> 02-13-06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					