

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

DOCUMENT # P05000115731
 1. Entity Name
MARANATA TRANSPORT INC.



FILED

06 FEB 22 10:31

Principal Place of Business Mailing Address
 5142 VILLA NOVA RD. 5142 VILLA NOVA RD.
 KISSIMMEE, FL 34746 KISSIMMEE, FL 34746

02142006 Chg-P CR2E034 (11/05)



2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEIN Number Applied For
 Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANTANA, LEONZION H
 5142 VILLA NOVA RD.
 KISSIMMEE, FL 34746

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: **LEONZION SANTANA** DATE:

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	
TITLE	<input type="checkbox"/> Director
NAME	SANTANA, LEONZION H
STREET ADDRESS	5142 VILLA NOVA RD.
CITY-STATE-ZIP	KISSIMMEE, FL 34746
TITLE	<input type="checkbox"/> Director
NAME	VS ACOSTA, NANCY Y
STREET ADDRESS	5142 VILLA NOVA RD.
CITY-STATE-ZIP	KISSIMMEE, FL 34746
TITLE	<input type="checkbox"/> Director
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Director
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Director
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	500063855745
CITY-STATE-ZIP	03/09/06--01017--025 **123.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	500063855745
CITY-STATE-ZIP	01/18/06--01010--025 **35.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-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 11 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LEONZION SANTANA**

02/14/06 (407) 3961081

FRIDAY 7-8 PM

