

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-21-2006 90031 036 ***150.00

DOCUMENT # P05000119210					
1. Entity Name DELMAR AUTO TRANSPORT, INC					
Principal Place of Business 10930 S.W. 26TH ST MIAMI FL 33165			Mailing Address 10930 S.W. 26TH ST MIAMI FL 33165		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1755372	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHANG, ALFREDO 10930 S.W. 26TH ST MIAMI FL 33165				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	TITLE	☐ Change	☐ Addition
NAME	CHANG, REBECA		NAME		
STREET ADDRESS	10930 S.W. 26TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DUDOT, CHRISTOPHER		NAME		
STREET ADDRESS	10930 S.W. 26TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CHANG, ALFREDO		NAME		
STREET ADDRESS	10930 S.W. 26TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 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, with all other like empowered.					
SIGNATURE: _____			Date: 3/7/06 786-333-1962		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					