

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000128180
1. Entity Name
LUISI TRANSPORT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1746 SW 138 AV Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33175	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3528727		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARIA I BARROSO	
Street Address (P.O. Box Number is Not Acceptable) 1746 SW 138 AV	
City MIAMI	Zip Code 33175

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 MARIA I BARROSO **MARIA I BARROSO** **DATE** 03/23/06-80008-003 3/13/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRIOS, FELIPE 1746 SW 138 AV MIAMI, FL 33175
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: FELIPE BARRIOS, PRESIDENT **3/13/2006** **(786) 255-1510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**