## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P05000137748** L & P GLOBAL TRANSPORT INC



**FILED** Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

5201 SW 99TH AVE. MIAMI, FL 33165

Mailing Address

5201 SW 99TH AVE. MIAMI, FL 33165



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03192007 No Chg-P

4. FEI Number Applied For 20-3605399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

PEYRELLADE, LUCY 5201 SW 99TH AVE. MIAMI, FL 33165

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the pions of registered agent. | urpose of changing its regis                     | tered office or registered agent, or b           | ooth, in the State of Florida. I am famili | ar with, and accept |
|--|--|--|--|--|---------------------|
| SIGNATURE  | Signature, typed or printed name of registered agent and title if      | applicable (NOTE: Regis                          | tered Agent signature required when reinstating) | DATE                                       |                     |
|  |  | Election Campaign Fir<br>Trust Fund Contribution |  |  |                     |
| 10.  | OFFICERS AND DIREC   | TORS   |  |  |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PVD<br>PEYRELLADE, LUCY<br>5201 SW 99TH AVE.<br>MIAMI, FL 33165        |  |  |  |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>ARREDONDO, FRANCISCO<br>5201 SW 99TH AVE.<br>MIAMI, FL 33165    |  |  | U00000681745<br>04/04/07-80058-001         | 150.00              |
| TITLE<br>NAME<br>STREET ADDRESS ·<br>CITY-ST-ZIP   |  |  | DO   | NOT WRITE                                  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  | IN   | THIS SPACE                                 |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  | · .  | •                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ^ _  |  |  |  | ,                   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 allibitier like empowered. |  |  |  |  |                     |