2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

Making Address S86k MI 7175T LANE S8	DOCUMENT # P05000138731 1. Entity Name FAITH TRANSPORT, INC.							03-17-2006 90130 050 ***150.00				
MAMI, FL 33018	Principal Place of Business N				Mailing Address			1				
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Support Supp	City & State				City & State			4. FEI Numb	-3746798	3		
GUEMERO, YUNIET 8886 NW 171ST LANE MIAMI, FL 33018	Zip	Country			Zip Coun		try	5 Certificate of Status Desired \$8.75 Additional				
Suppose Supp	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
### Addition ##	GUEMERO, YUNIET											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	8886 NW 171ST LANE						Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Speakers None or printed name of registered agent and titled is possible. (NOTE: Registered Agent spirature required when retrinishing) DATE	χ.,									1 = -		
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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 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 abdress, with all other like empowered.	indicated of the cor	on this report on the poration or the poration	rt or supplemental rep ne receiver or trustee (ort is true a empowered	and accurate and that m d to execute this report a	v signat	ture shall have the	same legal effer	ct as if made under of	ath: that I am an office	er or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _