

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90002 031 ***150.00

DOCUMENT # P05000145289

1. Entity Name
GUIVAS TRANSPORT, INC.



Principal Place of Business
1947 VIKING AVE
DELTONA, FL 32725 US

Mailing Address
1947 VIKING AVE
DELTONA, FL 32725 US

40101140



2. Principal Place of Business

2381 Ainsworth Ave
Suite, Apt. #, etc.

3. Mailing Address

2381 Ainsworth Ave
Suite, Apt. #, etc.

08142006 Chg-P CR2E034 (11/05)

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number

20-3706384

Applied For

Not Applicable

Zip

32738

Country

US

Zip

32738

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUIVAS, CARLOS M
1947 VIKING AVE
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name: GUIVAS, Carlos
Street Address (P.O. Box Number is Not Acceptable): 2381 Ainsworth Ave
City: Deltona FL Zip Code: 32738

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P,VP	<input type="checkbox"/> Delete
NAME	GUIVAS, CARLOS M	
STREET ADDRESS	1947 VIKING AVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	S,T	<input type="checkbox"/> Delete
NAME	GUIVAS, CARLOS M	
STREET ADDRESS	1947 VIKING AVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIVAS, Carlos	
STREET ADDRESS	2381 Ainsworth Ave	
CITY-ST-ZIP	Deltona FL 32738 US	
TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIVAS, Carlos	
STREET ADDRESS	2381 Ainsworth Ave	
CITY-ST-ZIP	Deltona, FL 32738 US	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos M. Givias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/06

Date

Daytime Phone #