## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 05, 2006 8:00 am Secretary of State **DOCUMENT # P05000146713** 09-05-2006 90025 037 \*\*\*550.00 JACKSONVILLE TRANSPORTATION & LOGISTICS, INC. Principal Place of Business Mailing Address -----2586 LANE AVENUE N. 2586 LANE AVENUE N. JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENWOOD, PAULA Street Address (P.O. Box Number is Not Acceptable) 2586 LANE AVENUE N. JACKSONVILLE, FL 32254 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 (grighture required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** ☐ Delete ☐ Change ☐ Addition TITLE TITLE VILANOVA, ERNESTO NAME NAME STREET ADDRESS P.O. BOX 3557 STREET ADDRESS CAROLINA, PR 00985 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete Addition TITLE TITLE NAME VILANOVA, LIZA NAME STREET ADDRESS P.O. BOX 3557 STREET ADDRESS CAROLINA, PR 00985 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE VILANOVA, IVONNE NAME STREET ADDRESS P. O. BOX 3557 STREET ADDRESS CAROLINA, PR 00985 CITY-ST-7IP CITY-ST-7P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-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 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.

and

SIGNATURE:

FILED