2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 08, 2007 08:00 AM Secretary of State DOCUMENT # P05000151263 1. Entity Name MANCHURIA TRANSPORT INC Principal Place of Business Mailing Address 670 NW 123RD AVENUE 670 NW 123RD AVENUE MIAMI, FL 33182 MIAMI, FL 33182 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3791180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BLANCO, FRANCISCO** DO NOT WRITE 670 NW 123RD AVENUE MIAMI, FL 33182 IN THIS SPACE 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 register SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BLANCO, FRANCISCO NAME STREET ADDRESS 670 NW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33182 U00000660358 VΡ TITLE 03/19/07-80022-018 158.7\$ BLANCO, ADRIANO F NAME STREET ADDRESS 670 NW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33182 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 a particular statutes, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #