## **2006 FOR PROFIT CORPORATION**

## ANNUAL REPORT

## **DOCUMENT # P05000162540**



**FILED** 

Apr 20, 2006 8:00 am Secretary of State

Daytime Phone #

04-20-2006 90175 022 \*\*\*150.00 ROCK HARD TRANSPORT, INC. 4000 Principal Place of Business Mailing Address 3339 N.W. 16TH AVENUE 3339 N.W. 16TH AVENUE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 65-1152087 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARBATO, JR., RICHARD Street Address (P.O. Box Number is Not Acceptable) 3339 N.W. 16TH AVENUE POMPANO BEACH, FL 33064 City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE n Delete TITLE ☐ Channe BARBATO, ANNETTE NAME NAME STREET ADDRESS 4380 N.W. 3RD COURT STREET ADDRESS CITY-ST-7IP COCONUT CREEK, FL 33063 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition TITLE BARBATO, JR., RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 3339 N.W. 16TH AVENUE CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH, FL 33064 ☐ Delete TITLÉ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [T] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.