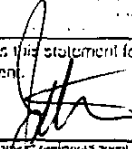
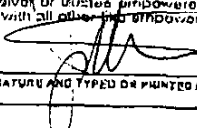


## UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                 |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| DOCUMENT # <b>P05000164124</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                |                                                        |
| 1. Entity Name<br><b>JDH TRANSPORT, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                 |                                                        |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                 |                                                        |
| 2. Principal Place of Business<br><b>16034 SW 61 LANE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | 3. Mailing Address<br><b>SAME</b>                                                                               |                                                        |
| Siting, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | Siting, Apt. #, etc.                                                                                            |                                                        |
| City & State<br><b>Miami, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | City & State                                                                                                    |                                                        |
| Zip<br><b>33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | Country                                                                                                         |                                                        |
| Country<br><b>Dade</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Country                                                                                                         |                                                        |
| 4. FEI Number<br><b>20-3956788</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     | \$8.75 Additional Fee Required                                                                                  |                                                        |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                 |                                                        |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                 |                                                        |
| Name<br><b>JOSE L. MATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                 |                                                        |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>16034 SW 61 LANE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                 |                                                        |
| City<br><b>Miami</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                                                                 |                                                        |
| State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                 |                                                        |
| Zip Code<br><b>33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                 |                                                        |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | DATE<br><b>10/12/06</b>                                                                                         |                                                        |
| January 1 - May 1, Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                 |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>P<br/>JOSE L. MATED<br/>16034 SW 61 LANE<br/>MIAMI, FL 33193</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <b>600080932336<br/>10/18/06--01005--015--\$150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>10/23</b>                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <b>DO NOT WRITE IN THIS SPACE</b>                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              |                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(3)(i), 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 on an attachment with an address, with all other persons employed. |                                                                     |                                                                                                                 |                                                        |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | DATE<br><b>10/12/06</b>                                                                                         |                                                        |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | DATE                                                                                                            |                                                        |

CR2E0346 (12/02)

**JDH TRANSPORT, CORP  
16034 SW 61 LANE  
MIAMI, FL 33193**

October 11, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: JDH TRANSPORT, CORP - #P05000164124

Dear Sir or Madam:

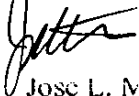
Please be advised that the above mentioned uniform business report was never received. We were not able to submit for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the corporation is allowed to submit an annual report with the corresponding fee of \$ 150.00.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,



Jose L. Mateo  
President

JM/tr