## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

MONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

## Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # P05000168285** 04-13-2006 90281 010 \*\*\*150.00 1. Entity Name VERO EAST TRANSPORT INC Principal Place of Business Mailing Address 2265 47TH AVE 2265 47TH AVE VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business 3. Mailing Address 04042006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For *20-40*26319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent tassino PASEIRO, CARLOS R 2265 47TH AVE VERO BEACH, FL 32966 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE ☐ Change PASEIRO, CARLOS R NAME NAME STREET ADDRESS 2265 47TH AVE STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ 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 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 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustget with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information on in 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 empty fred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachme

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