2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2007 8:00 am Secretary of State **DOCUMENT # P06000007362** 02-20-2007 90035 015 ***150.00 V & P TRANSPORT, INC. Principal Place of Business Mailing Address 205 E JASMINE RD. 205 E JASMINE RD. 40020664 LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102007 Cha-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Zip 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 Name VARGAS, GERMAN Street Address (P.O. Box Number is Not Acceptable) 205 E JASMINE RD. LEHIGH ACRES, FL 33936 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. Signature, typed or printed name of registered agent and title 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. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition GERMAN, VARGAS NAME NAME STREET ADDRESS 205 E JASMINE RD. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33936 CITY-ST-ZIP VP Delete TITLE TITLE ☐ Change ☐ Addition PEREZ, MIGUEL NAME NAME 205 E JASMINE RD. STREET ADDRESS STREET ADDRESS LEHIGH ACRES, FL 33936 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition 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 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

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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.

CICNIATUDE.