


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90185 011 ***150.00

DOCUMENT # P06000042915					
1. Entity Name CHACON TRANSPORTATION & LOGISTICS, INC.					
Principal Place of Business 14351 SW 29 STREET MIAMI, FL 33175 US			Mailing Address 14351 SW 29 STREET MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box # 14351 SW 29 STREET		3. Mailing Address 14351 SW 29 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami F		City & State Miami F		4. FEI Number 20-4569134	
Zip 33175		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHACON, GLORIA 14351 SW 29 STREET MIAMI, FL 33175			7. Name and Address of New Registered Agent Name <u>Chacon gloria</u> Street Address (P.O. Box Number is Not Acceptable) <u>14351 SW 29 STREET</u> City <u>Miami</u> FL Zip Code <u>33175</u>		
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 <u>Gloria Yacira Chacon</u> Registered Agent 04/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHACON, GLORIA 14351 SW 29 STREET MIAMI, FL 33152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Gloria Yacira Chacon</u> Gloria Chacon President 04/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7863081553</small>					

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04192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4569134 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Chacon gloria
Street Address (P.O. Box Number is Not Acceptable)
14351 SW 29 STREET
City Miami FL Zip Code 33175

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 Gloria Yacira Chacon Registered Agent 04/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

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SIGNATURE: Gloria Yacira Chacon Gloria Chacon President 04/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7863081553