

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 027 ***158.75

| | | | | | |
|--|----------------------|--|--|---|--|
| DOCUMENT # P06000045983 | | | |  | |
| 1. Entity Name CARIBBEAN TRANSPORT EXPRESS, INC. | | | | | |
| Principal Place of Business 3201 NW 24TH ST. RD. MIAMI, FL 33142 | | | Mailing Address 3201 NW 24TH ST. RD. MIAMI, FL 33142 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01122007 Chg-P CR2E034 (12/06) | |
| Zip | Country | Zip | Country | 4. FEI Number 20-4597148 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHABO, JORGE 3201 NW 24TH ST. RD. MIAMI, FL 33142 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when re-instating)</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 | P | <input checked="" type="checkbox"/> Delete | TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHABO, JORGE | | NAME | JORGE CHABO | |
| STREET ADDRESS | 3201 NW 24TH ST. RD. | | STREET ADDRESS | 3201 NW 24 STRD | |
| CITY-ST-ZIP | MIAMI, FL 33142 | | CITY-ST-ZIP | MIAMI, FL 33142 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANAVESI, JOSE L | | NAME | | |
| STREET ADDRESS | 3201 NW 24TH ST. RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33142 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | EVANGELIA (LINA) MONDANCILLOS | |
| STREET ADDRESS | | | STREET ADDRESS | 3201 NW 24 STRD | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MIAMI, FL 33142 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | | | |
| SIGNATURE: <u><i>J. Chabo</i></u> | | | Date: <u>1/16/07</u> (305) 637-8963 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |