
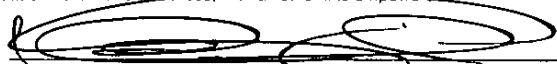


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90198 009 ***150.00

DOCUMENT # P06000047392 1. Entity Name LAROLLE TRANSPORT, INC.			
Principal Place of Business 10102 NW 128TH TERRACE HIALEAH GARDENS, FL 33018		Mailing Address 10102 NW 128TH TERRACE HIALEAH GARDENS, FL 33018	
2. Principal Place of Business - No P.O. Box # 8878 NW 169th Terr. Suite, Apt. #, etc.		3. Mailing Address 8878 NW 169th Terr. Suite, Apt. #, etc.	
City & State Miami Lakes, Fl. Zip 33018		City & State Miami Lakes, Fl. Zip 33018	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-4628747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUILERA, YADILA 10102 NW 128TH TERRACE HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8878 NW 169th Terr. Miami Lakes, Fl. 33018 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 _____ (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. <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	PD AGUILERA, YADILA 10102 NW 128TH TERRACE HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NEW ADDRESS 8878 NW 169th Terr. Miami Lakes, Fl. 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, RAFAEL A 10102 NW 128TH TERRACE HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete NEW ADDRESS 8878 NW 169th Terr. Miami Lakes, Fl. 33018
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
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
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: 		Date 4/14/07 Daytime Phone #	