

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90046 016 \*\*\*158.75

<b>DOCUMENT # P06000089059</b>					
<b>1. Entity Name</b> COLLAZO TRANSPORT, INC.					
<b>Principal Place of Business</b> 501 PEACE DRIVE KISSIMMEE, FL 34759			<b>Mailing Address</b> 501 PEACE DRIVE KISSIMMEE, FL 34759		
<b>2. Principal Place of Business - No P.O. Box #</b> 4688 HOFNER AVE		<b>3. Mailing Address</b> Suite, Apt. #, etc. Suite 313 Cypress Parkway			
Suite, Apt. #, etc. Suite 313 Cypress Parkway		Suite, Apt. #, etc. Suite 313 Cypress Parkway		07032007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Orlando		<b>City &amp; State</b> Kissimmee		<b>4. FEI Number</b> 20-5159605	
<b>Zip</b> 32812		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COLLAZO, DIANA 501 PEACE DRIVE KISSIMMEE, FL 34759			<b>7. Name and Address of New Registered Agent</b> Name: DIANA COLLAZO Street Address (P.O. Box Number is Not Acceptable): Suite 313 Cypress Parkway City: KISSIMMEE    FL    Zip Code:		
<b>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.</b> SIGNATURE: <u>Diana Collazo</u> DATE: <u>07-05-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLAZO, DIANA 501 PEACE DRIVE KISSIMMEE, FL 34759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELEUTERIO ORTIZ 501 PEACE DR KISSIMMEE FL 34759
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Diana Collazo</u>			07-05-07    863-427005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		