

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118641

FILED  
Mar 17, 2007  
Secretary of State

Entity Name: OSORIO'S TRANSPORTATION INC.

**Current Principal Place of Business:**

114 NE 2ND AVE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

114 NE 2ND AVE  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 20-8074300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSORIO, GUILLERMO  
114 NE 2ND AVE  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: OSORIO, GUILLERMO  
Address: 114 NE 2ND AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VS ( ) Delete  
Name: OSORIO, EDILMA  
Address: 114 NE 2ND AVE  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO OSORIO

PT

03/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date