


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-02-2007 90036 037 ***150.00

DOCUMENT # P06000142715					
1. Entity Name E G P AUTO TRANSPORT INC					
Principal Place of Business 12630 CHELMSFORB CT ORLANDO, FL 32837 US			Mailing Address 12630 CHELMSFORB CT ORLANDO, FL 32837 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		06252007 Chg-P CR2E034 (12/06)
4. FEI Number 20-5883113			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 PLA, EDUARDO G 12630 CHELMSFORB CT ORLANDO, FL 32837			7. Name and Address of New Registered Agent		
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 _____ <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PLA, EDUARDO G		<input type="checkbox"/> Delete		
STREET ADDRESS 12630 CHELMSFORB CT	CITY-ST-ZIP ORLANDO, FL 32837		<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		
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: _____			06/25/07 407-770-8134		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		