

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000048599

1. Entity Name

G.B. TRANSPORTATION, INC.



Principal Place of Business

600 W. 20 STREET
HIALEAH, FL 33010

Mailing Address

590 WEST 20TH STREET
HIALEAH, FL 33010 US



01062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0499682

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRACERAS, WILFRED
590 W. 20TH ST.
SUITE 401
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRACERAS, WILFRED
STREET ADDRESS	590 W. 20TH ST.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80163-008 158.75

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IN THIS SPACE**

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:

Wilfred Bracer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04/12/06

Date

Daytime Phone #