2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2007 08:00 AN Secretary of State DOCUMENT # P94000093822 1. Entity Name G & M TRANSPORTATION INC. Mailing Address Principal Place of Business 33 NW 108TH CT MIAMI FL 33172 33 NW 108TH CT MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0543809 Not Applicable Zio Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo MARTIN, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 33 NW 108TH CT MIAMI FL 33172 Zio Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent symptom required when reinstituting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition mu Delete 11111 MARTIN, GILBERTO NAM NAME 33 NW 108TH CT SHELL MODIESS STREET LADDRESS MIAMI FL CITY SE ZIP CITY ST ZIP ☐ Change Addition ☐ Delete 1888 MARTIN, DOLORES M NAME U00000670733 03/27/07-80123-021 150.00 33 NW 108TH CT STREET ADDRESS SHELL ADDRESS MIAMI FL CHY-SE-ZIP CITY ST-ZIP Change Addition Gleled 🔲 WW. ung NAME NAkiti STREET ADDRESS SITEL I ADDRESS CHY SE ZIF CITY ST ZIP Change ☐ Addition Delete MU IIIU NAME MAM STEEL ADDRESS SIREF | ADDRESS CITY ST ZIP CITY SE ZIP Addition Change Oelete HHE HHE MALIE STREET ADDRESS STREET ADDRESS CHTY+ST-ZIP CITY SI-2IP Change Addition Delete HHE HTEE NAME NAME SIREE I ADORESS STREET ADDRESS CITY-ST-ZIP

12. I horeby certify that the information supplied with this 'lling does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to expect 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 provide empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \(\frac{1}{2}\)

FILED