## .2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 08:00 AM Secretary of State

	MENT # P9500009	0196		Secretary of State
1. Entity Name LEE FAJARDO TRANSPORTATION, INC.				
922 ARDILL	ce of Business ITA COURT KINGS, FL 32708	Mailing Address 922 ARDILLITA COURT WINTER SPRINGS, FL 32708		
DO NOT WRITE IN THIS SPA			CE	03292006 No Chg-P CR2E034 (11/05)
_		- · · · · · · · · · · · · · · · · · · ·		4. FEI Number Applied For 59-3345124 Not Applied For Not Applied For Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent				Fee Required
FAJARDO, LIZETTE I 922 ARDILLITA COURT WINTER SPRINGS, FL 32708				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 (INDTE Registered Agent signature required when reinstating) OATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ancing \$5.	00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	-	
NAME	FAJARDO, LIZETTE			
STREET ADDRESS City-St-Zip	922 ARDILLITA COURT WINTER SPRINGS, FL 32708			
TITLE HAME STREET ADDRESS CITY-ST-ZIP				U00000536947 05/08/06-80113-023 150.00
TITLE			1	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
RITLE NAME STREET ADDRESS GITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 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 all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OF FIGER OR DIRECTOR DEN DEN DENTER PRINCE P				