2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P97000071647 1. Entity Name DASILVA TRANSPORT, INC. Principal Place of Business Mailing Address 2130 NW 34TH TERR P BOX 670667 COCONUT CREEK, FL 33066 CORAL SPRINGS, FL 33067 CR2E034 (11/05) 02292008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0775415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DASILVIA, DOUGLAS S DO NOT WRITE 2130 NW 34TH TERRACE COCONUT CREEK, FL 33066 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. Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U0000009085<u>1</u>3 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 05/06/08-80032-025 150.00 10. OFFICERS AND DIRECTORS PTSD TITLE DASILVA, DOUGLAS S NAME STREET ADDRESS 2130 NW 34TH TERR CITY-ST-ZIP COCONUT CREEK, FL 33066 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 accorate 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 recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED