

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000092383

1. Entity Name
EAST COAST CARRIERS, INC.



Principal Place of Business

**1800 SW 141 AVE
MIAMI, FL 33175**

Mailing Address

**1800 SW 141 AVE
MIAMI, FL 33175**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3475690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUEVAS, RIGOBERTO JR
1800 SW 141 AVE
MIAMI, FL 33175**

**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

**000000392176
01/24/06-80070-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUEVAS, RIGOBERTO JR
STREET ADDRESS	1800 SW 141 AVE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	PENA, LISSETTE
STREET ADDRESS	1800 SW 141 AVE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TR
NAME	PEREZ, JUAN M
STREET ADDRESS	15745 SW 50 TERR
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 305-485-9144

Date

Daytime Phone #