FILED

06 AUG -4 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000041023

1. Entity Name
ONE-WAY TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
42 N.W. 27TH AVE. SUITE 402 MIAMI, FL 33125	42 N.W. 27TH AVE. SUITE 402 MIAMI, FL 33125

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0227382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LIMA, JOAO ~~604 NE 22TH ST, STE~~. 11 ~~MIAMI, FL 33137~~	Name: DE LIMA, JOAO Street Address (P.O. Box Number is Not Acceptable): 42 NW 27th Avenue # 402 City: MIAMI FL Zip Code: 33125

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 signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS DE LIMA, JOAO ~~604 NE 22TH ST, STE. 11~~ ~~MIAMI, FL 33137~~	☐ Delete	VS DE LIMA, JOAO 42 NW 27th Avenue #402 MIAMI, FL, 33125	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AZEVEDO, VIVIANE 15230 SW 74TH CT MIAMI, FL 33157	☐ Delete	P VIVIANE AZEVEDO 15230 SW 74th ct MIAMI, FL, 33157	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

100078523781
08/09/06--01034--002 **61.25

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 — Date — Daytime Phone #