

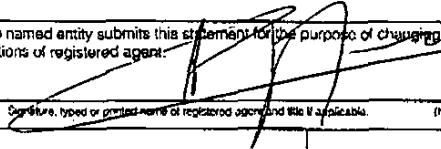
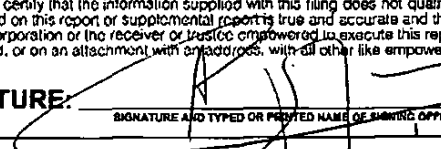
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P98000041023					
1. Entity Name ONE-WAY TRANSPORTATION, INC.					
Principal Place of Business 42 N.W. 27TH AVE. SUITE 402 MIAMI, FL 33125			Mailing Address 42 N.W. 27TH AVE. SUITE 402 MIAMI, FL 33125		
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 601 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  (NOTE: Registered Agent signature required when relinquishing)					
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	VS	☐ Delete	TITLE	VS	☐ Change ☐ Addition
NAME	DE LIMA, JOAO		NAME	DE LIMA, JOAO	
STREET ADDRESS	601 NE 22TH ST, STE. 11		STREET ADDRESS	42 NW 27th Avenue #402	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	P	☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME	AZEVEDO, VIVIANE		NAME	VIVIANE AZEVEDO	
STREET ADDRESS	15230 SW 74TH CT		STREET ADDRESS	15230 SW 74th CT	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 #					