

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000066866

1. Entity Name  
SOUTH FLORIDA TRANSPORTATION GROUP CORP.



Principal Place of Business  
16000 NW 7TH AVE  
MIAMI, FL 33169

Mailing Address  
16000 NW 7TH AVE  
MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CRUZ, FELIX  
782 NW LE JEUNE RD SUITE 439  
MIAMI, FL 33126

04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0860899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CANADA, MARIO A  
STREET ADDRESS 16000 NW 7 AVENUE  
CITY-ST-ZIP MIAMI, FL 33169

TITLE D  
NAME JARAMILLO, WILLIAM E  
STREET ADDRESS 2218 NW 72 TERR  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE S  
NAME JARAMILLO, NANCY  
STREET ADDRESS 16000 NW 7 AVE  
CITY-ST-ZIP MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *L. Knowles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. KNOWLES

4/12/06 (305)688-8645  
Date Daytime Phone #

**FILED  
Apr 17, 2006 8:00 am  
Secretary of State**

04-17-2006 90375 042 \*\*\*150.00

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