2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000005216

1. Entity Name
SPRING AUTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
13800 SW 8TH STREET 307 MIAMI, FL 33184	13800 SW 8 ST. APT. 307 MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

04062006 | No Chg-P | CR2E034 (11/05)

4. FEI Number 65-0891278	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, EDUARDO
13800 SW 8TH STREET , #307
MIAMI, FL 33184

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	U000000523867 05/03/06-80086-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MARTIN, EDUARDO
STREET ADDRESS	13800 SW 8TH STREET , #307
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/18/06   786-242-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #