
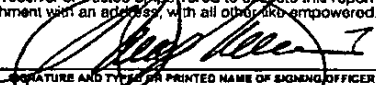


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90024 004 \*\*\*\*50.00  
02-24-2006 90007 007 \*\*\*100.00

<b>DOCUMENT # P99000018878</b>					
1. Entity Name <b>MASTER TRANSPORT EQUIPMENT CORP.</b>					
Principal Place of Business <b>3755 NW 62 ST MIAMI, FL 33147</b>			Mailing Address <b>3038 NW NORTH RIVER DR MIAMI, FL 33142 US</b>		
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 <b>65-1128346</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <b>Not Applicable</b>	
6. Name and Address of Current Registered Agent <b>GONZALEZ, EDELMIRO 3038 NW NORTH RIVER DR MIAMI, FL 33142</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BABUN, SARA C</b>		NAME		
STREET ADDRESS	<b>3038 NW NORTH RIVER DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BABUN, JOSE J</b>		NAME		
STREET ADDRESS	<b>2945 NW 21, TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BABUN, MIREYA</b>		NAME		
STREET ADDRESS	<b>1714 FERDINAND ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL</b>		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BABUN, JOSE</b>		NAME		
STREET ADDRESS	<b>3755 NW 62 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33147</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 duly empowered.					
SIGNATURE:  <b>Jose J. Babun</b> 1-12-2006 623696					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					



ATTACHMENT

40017590

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2006

MASTER TRANSPORT EQUIPMENT CORP.  
3038 NW NORTH RIVER DR  
MIAMI, FL 33142 US

Subject: MASTER TRANSPORT EQUIPMENT CORP.

Reference Number: P99000018878

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

POSTED  
DATE: 2-16-06  
Yanina