2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 08:00 AN **Secretary of State** DOCUMENT # P99000047599 EXPRESS BOAT TRANSPORT, CORP. Principal Place of Business Mailing Address 1202 ADIRONDACK CT. 1202 ADIRONDACK CT. APOPKA, FL 32712 APOPKA, FL 32712 02172006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0926005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LUNA, ALFREDO S DO NOT WRITE 1202 ADIRONDACK CT. APOPKA, FL 32712 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 of registered agent and title if applicable (NOTE: Registered Agent stanature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE'IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U0000045355 LUNA, ALFREDO S NAME 134/14/06-80028-002 150.00 STREET ADDRESS 1202 ADIRONDACK CT. CITY-ST-ZIP APOPKA, FL 32712 TITLE ORTIZ, MARIO NAME STREET ADDRESS 1202 ADIRONDACK CT. CITY-ST-ZIP APOPKA, FL 32712 ME NAME STREET ADDRESS DO NOT WRITE 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered 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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY - ST - ZIP

IN THIS SPACE

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