

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000091869 1. Entity Name TATE TRANSPORT CORPORATION	
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Principal Place of Business 6570 GRIFFIN RD., SUITE 102 DAVIE, FL 33314	Mailing Address 6570 GRIFFIN RD., SUITE 102 DAVIE, FL 33314
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01162006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0954542	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent TATE, R C 6570 GRIFFIN ROAD #102 DAVIE, FL 33314
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**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 _____ (NOTE: Registered Agent signature required when reissuing) 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

U00000474691
04/04/06-80033-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATE, CHRISTOPHER 6570 GRIFFIN RD., SUITE 102 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEBESTA, MICHELLE 6570 GRIFFIN RD #102 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARABALLO, PABLO 6570 GRIFFIN RD #102 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATE, JASON 6570 GRIFFIN RD #102 DAVIE, FL 33314
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Sebesta **M. SEBESTA** 3.16.06

CORP SECY

Date

Daytime Phone #

954 581 31