


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
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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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0954542	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TATE, R C 6570 GRIFFIN ROAD #102 DAVIE, FL 33314

**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.

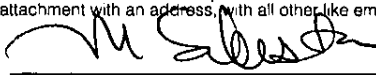
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000661782 03/20/07-80055-013 150.00
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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	

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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:  **M. SEBESTA** **3/5/07 9545813545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #