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Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90042 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000091869

1. Entity Name
TATE TRANSPORT CORPORATION

Principal Place of Business	Mailing Address
6570 GRIFFIN RD., SUITE 102 DAVIE, FL 33314	6570 GRIFFIN RD., SUITE 102 DAVIE, FL 33314

03032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2830 W State Rd 84	2830 W State Rd 84
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 65-0954542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TATE, R C ~~6570 GRIFFIN ROAD~~ ~~#102~~ ~~DAVIE, FL 33314~~	Name: Tate, R C Street Address (P.O. Box Number is Not Acceptable): 2830 W State Rd 84 #102 City: Ft. Lauderdale FL Zip Code: 33312

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: X R C Tate 3.3.08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TATE, CHRISTOPHER ~~6570 GRIFFIN RD., SUITE 102~~ ~~DAVIE, FL 33024~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2830 W State Rd 84 #102 Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEBESTA, MICHELLE ~~6570 GRIFFIN RD #102~~ ~~DAVIE, FL 33314~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2830 W State Rd 84 #102 Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARABALLO, PABLO ~~6570 GRIFFIN RD #102~~ ~~DAVIE, FL 33314~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2830 W State Rd 84 # 102 Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATE, JASON ~~6570 GRIFFIN RD #102~~ ~~DAVIE, FL 33314~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2830 W State Rd 84 #102 Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X R C Tate 3.3.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #