2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE

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Mar 27, 2006 08:00 AM DOCUMENT # V08519 **Secretary of State** 1. Entity Name CASTELLANO TRANSPORT, INC. Mailing Address Principal Place of Business 3000 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33309 US 1701 W CASS ST C/O N CASTELLANO TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3103367 Not Applicat! $Z_{\rm ID}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPRUCE, WILLIAM D 3000 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33309 Street Address (P.O. Box Number is Not Acceptable) Zìp Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Regislated Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS to. 11. Delete TITLE ☐ Change Addition ... TITLE NAME CASTELLANO, NANCY J. NAME STREET ADDRESS 2145 LINDA LANE STREET ADDRESS 1000000481116 CITY-ST-7/P CITY-ST-7/P LUTZ FL 04/11/06 00018-022 150 00 ☐ Delete ☐ Change Addition TITLE 1177 F NAME ACQUILANO, CATHERINE SAME STREET ADDRESS 5191-1 SABEL GARDENS LANE STREET ADDRESS CHY-SI-ZIP **BOCA RATON FL** City-st-zip Delete ☐ Change ■ Addition NAME NAME STREET AGORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete Change ∧dØitien TITLE MLE NAME MAAR STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE Detete DELE Change 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 Section 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 it made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Jancy J. Castellano 3/21/06

FILED