




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F10027</b> 1. Entity Name <b>FORT LAUDERDALE TRANSPORTATION, INC.</b>			
Principal Place of Business <b>1330 SE 4TH AVE. SUITE D FT. LAUDERDALE, FL 33316 US</b>		Mailing Address <b>P.O. BOX 7193 FT. LAUDERDALE, FL 33338 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01062005 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-2042009</b>		Approved For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEDER, NATHEN I 1330 SOUTHEAST 4TH AVE. STE. G FORT LAUDERDALE, FL 33316</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature of the principal place of business and the registered agent.</small> <small>NOTE: Registered Agent Signature Required when changing agent.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000215615 02/05/05-80016-005 158.75	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP BODENHAMER, WILLIAM H JR 1330 SE 4TH AVE, SUITE D FT. LAUDERDALE, FL 33316	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-5-05	