
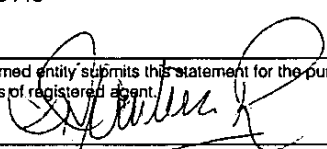
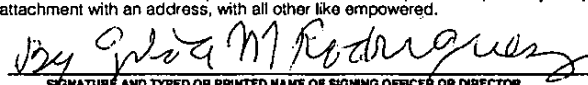


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K48909</b> 1. Entity Name <b>MORRISON TRANSPORT CORPORATION</b>					
Principal Place of Business <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>				Mailing Address <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             SIGNATURE         </div> <div style="text-align: center;"> <b>AMADA CANTERA LOPEZ, President</b>            (NOTE: Registered Agent signature required when reinstating)         </div> <div style="text-align: right;"> <b>4/27/05</b>            DATE         </div> </div>					
<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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODRIGUEZ, CLAUDIO</b>		NAME		
STREET ADDRESS	<b>3170 S.W. 111TH AVENUE</b>		STREET ADDRESS	<b>190 Cocoplum Road</b>	
CITY - ST - ZIP	<b>MIAMI, FL</b>		CITY - ST - ZIP	<b>Coral Gables, FL 33143</b>	
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODRIGUEZ, GILDA M</b>		NAME		
STREET ADDRESS	<b>2451 BRICKELL AVE.</b>		STREET ADDRESS	<b>5865 S.W. 107th Street</b>	
CITY - ST - ZIP	<b>MIAMI, FL</b>		CITY - ST - ZIP	<b>Pinecrest, FL 33156</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	<b>000054034720</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>05/09/05--01008--002 **150.00</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/27/05</b> Date		
<b>GILDA M. RODRIGUEZ, Secretary/Treasurer</b>					

FILED

05 MAY -2 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0088884** Applied For ☐ Not Applicable ☒

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE