


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90473 001 \*4,411.25

**DOCUMENT # P00000058117**

1. Entity Name  
**M & J TRANSPORTATION INC.**



Principal Place of Business 5140 E 10TH AVE HIALEAH, FL 33013	Mailing Address 5140 E 10TH AVE HIALEAH, FL 33013
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**66419050**



**DO NOT WRITE IN THIS SPACE**

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1094805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

GARCIA, JESUS M  
 5140 E 10TH AVE  
 HIALEAH, FL 33013

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JESUS M 5140 E 10TH AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VINAS, LAWRENCE 5140 E 10TH AVE HIALEAH, FL 33013
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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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_