


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P0000075585 1. Entity Name CAL BROS TRANSPORT, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 725 NW 35TH ST. OAKLAND PARK, FL 33309 | Mailing Address 725 NW 35TH ST. OAKLAND PARK, FL 33309 |
|--|--|

DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

| | |
|--|--------------------------------|
| 4. FEI Number 65-1039265 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CALIENTO, ROBERT
 725 NW 35TH ST.
 OAKLAND PARK, FL 33309

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 _____ (Signature, typed or printed name of registeror 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD CALIENTO, ROBERT 725 NW 35TH ST. OAKLAND PARK, FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CALIENTO, STEPHEN M 16244 E. ALAN BLACK BLVD LOXAHATCHEE, FL 33470 |
| 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 | |

U00000857028
 03/28/08-80035-020 158.75

DO NOT WRITE IN THIS SPACE

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: Robert P. Caliento 3-11-08 954-630-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #