2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P01000018393 1. Entity Name FLEITAS TRANSPORT, INC.							Mar 05, 2004 08:00 AM Secretary of State				
Principal Place of Business Mailing Address											
621 SW 71ST COURT 621 SW 71ST COURT MIAM! FL 33144											
						1		11 33 5535 3555	:#:## !!! !!	SSSEES SS (BB)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt			Suste, Apt. #, etc.				MOORE	CR2E034	(11/03)		
City & State			City & State			4.	FEI Number 65-1079091		-	optied For of Applicable	
Zıp	ip Country		Zip Cou		etry	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7.	Name and Address of New R				
DETOT MADIA I					Name						
BETOT, MARIA I 621 SW 71ST COURT MIAMI FL 33144					Street Address (P.O. Box Number is Not Acceptable)						
1	um 1									_	
					City			FL	Zip Cod	ie	
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 (NOTE Registered Agent signature required when spinstaring) CATE											
F	ILE NOW!!! FEE IS \$150.00	ł			 -	-				- · · · -	
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Fin Trust Fund Contribution			O May Be d to Fees	
10.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTO		11.		ΑE	DOMINONS/CHANGES TO OFF	CERS AND	DIRECTOR	S]N 11	
NAME STREET ADDRESS	P FLEITAS, ROLANDO 621 SW 71ST COURT		☐ Delete	nat Nat Stri			U000000	6413	☐ Change	Addition	
CITY-ST-ZIP	MIAMI FL 33144			CID	-SJ-IIP		03/05/04-80	1001-00	6 150.	00	
TRILE NAME STREET ADDRESS	BOTET, MARIA I 621 SW 71ST COURT		☐ Delete	ritl Nav Stri	}				☐ Change	Addition	
CITY-ST-ZIP	MIAMI FL 33144				·St·ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<u> </u>				Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete		IE EET ADDRESS				☐ Change	Addition	
TRLE		 ,	☐ Delete	GITY BFL	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			L3 belefe	MAN STRI					□ change	L Abdition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITE NAM STRI CITY	E IE IET ADDRESS '-SY-ZIP				☐ Change	☐ Addition	
3 or rue co	certify that the information supplied fon this report or supplemental reg sporation or the receiver or trustee t, or on an attachment with an addr	empowered to	execute this report	as requi	mption stated in ture shall have t ired by Chapter	Section he same 607, Flor	119.07(3)(i), Florida Statutes 1 legal effect as if made under c ida Statutes; and that my name	further cert lath, that I a appears in	ify that the m an office Block 10 c	information or director or Block 11 if	

FILED