


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000022012
 1. Entity Name
 NONSTOP TRANSPORTATION, INC.



Principal Place of Business
 11001 NW 7TH ST #101
 MIAMI, FL 33172

Mailing Address
 11001 NW 7TH ST #101
 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-1085401

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LAURENCIO, YULIO CESAR
 11001 NW 7TH ST #101
 MIAMI, FL 33172

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

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**

U00000097712
 03/29/04-80011-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAURENCIO, JULIO CESAR 11001 NW 7TH ST #101 MIAMI, FL 33172
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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:  **JULIO C. LAURENCIO** 3/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #