

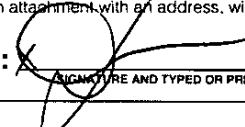
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 017 ***150.00

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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	
2. Principal Place of Business 14321 SW 18TH ST Suite, Apt. #, etc.		3. Mailing Address 14321 SW 18TH ST Suite, Apt. #, etc.	
City & State OLYMPIA HEIGHTS FL		City & State OLYMPIA HEIGHTS FL	
Zip 33175	Country USA	Zip 33175	Country USA
4. FEI Number 65-1085401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAURENCIO, YULIO CESAR 11001 NW 7TH ST #101 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Laurencio, Julio Cesar Street Address (P.O. Box Number is Not Acceptable) 14321 S.W. 18TH ST City OLYMPIA HEIGHTS FL Zip Code 33175	
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:  JULIO C. LAURENCIO 8/4/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAURENCIO, JULIO CESAR 11001 NW 7TH ST #101 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14321 SW 18TH ST OLYMPIA HEIGHTS, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 8/4/05 (305) 207-4468 Date Daytime Phone #	