


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90245 033 \*\*\*150.00

**DOCUMENT # P01000045977**

1. Entity Name  
**LONE STAR TRANSPORTATION AND COURIER, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 21026**      **P.O. BOX 21026**  
**FT. LAUDERDALE, FL 33335**      **FT. LAUDERDALE, FL 33335**

*34075218*  
*4-26-04*  
*CRS/STAN*



2. Principal Place of Business      3. Mailing Address  
**401 SW 42 Ave**      Suite, Apt. #, etc.

01242004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Miami, FL**

4. FEI Number **80-0029546**      Applied For  
**NOT APPLICABLE**      Not Applicable

Zip      Country      Zip      Country  
**33134**      **Dade**

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

6. Name and Address of Current Registered Agent  
**RUTECKI, HEATHER A ESQ.**  
**100 SOUTHEAST 2ND STREET**  
**34TH TOWER**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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      **\$5.00 May Be**  
 Trust Fund Contribution.            **Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | DEMEO, RONALD            |                                 |
| STREET ADDRESS | P.O. BOX 21026           |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33335 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DeMeo, Ronald F.        |  |
| STREET ADDRESS | 401 SW 42 Ave           |  |
| CITY-ST-ZIP    | Miami, FL 33134         |  |
| TITLE          | LEO SULLIVAN            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PO BOX 21026            |  |
| STREET ADDRESS | FT. LAUDERDALE FL 33335 |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

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]*      Date: *4-26-04*      Daytime Phone #: *305-448-6166*