

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90063 001 \*\*\*150.00  
 02-26-2004 90063 002 \*\*\*\*\*8.75

**2004 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**DOCUMENT # P03000048604**

1. Entity Name  
**MELSA TRANSPORT INC.**



66403375

Principal Place of Business 2925 PIERCE STREET SUITE 7 HOLLYWOOD, FL 33020 US	Mailing Address 2925 PIERCE STREET SUITE 7 HOLLYWOOD, FL 33020 US
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2. Principal Place of Business 5801 N.W. 57 CT (Suite, Apt. #, etc.) K210	3. Mailing Address 5801 N.W. 57 (Suite) Apt. #, etc. K-210
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02182004 Chg-P CR2E034 (10/03)

City & State TAMARAC, FL	City & State TAMARAC, FL	4. FEI Number 35-2203783	Applied For (Not Applicable)
Zip 33319	Country Broward	Zip 33319	Country Broward

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BENGOECHEA, EVELYN  
 2925 PIERCE ST  
 SUITE 7  
 HOLLYWOOD, FL 33020

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: *Evelyn Bengoechea* DATE: 2/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENGOECHEA, EVELYN 2925 PIERCE ST SUITE 7 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- MELSA TRANSPORT Evelyn Bengoechea 5801 N.W. 57 CT Suite K210 TAMARAC, FL 33319 <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
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
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 included 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 proprietor 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 or without the empowered.

SIGNATURE: *Evelyn Bengoechea* DATE: 2/23/04 Deydra Phone # 954-726-8801

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR