


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90097 007 \*\*\*150.00

**DOCUMENT # P03000048604**

1. Entity Name  
**MELSAN TRANSPORT INC.**



Principal Place of Business  
**5801 NW 57 CT K210  
FORT LAUDERDALE FL 33319  
US**

Mailing Address  
**5801 NW 57 CT K210  
SUITE 7  
FORT LAUDERDALE FL 33319  
US**

2. Principal Place of Business  
**1304 Wildwood Lake Blvd  
Suite, Apt. #, etc.  
#3**

3. Mailing Address  
**P.O. Box 7544  
Suite, Apt. #, etc.**

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34104**

Country  
**Collier**

Zip  
**34101**

Country  
**Collier**

4. FEI Number **35-2203783** Applied For  Not Applicable

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

1st MOORE CR2E034 (10/04)



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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BENGOECHEA, EVELYN	
STREET ADDRESS	5801 NW 57 CT K210	
CITY-ST-ZIP	TAMARAC FL 33319	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Melsan Transport Inc Evelyn Bengoechea</b>	
STREET ADDRESS	<b>P.O. Box 7544</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34101</b>	
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)(l), 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 Evelyn Bengoechea  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/11/05 Daytime Phone # \_\_\_\_\_