


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 029 ***150.00

DOCUMENT # P03000070205

1. Entity Name
JZ TRANSPORTATION INC



Principal Place of Business Mailing Address

JOHN ZAMBRANO **JOHN ZAMBRANO**
TAMPA, FL 33637 **TAMPA, FL 33637**

2. Principal Place of Business 3. Mailing Address

510 MAPLE POINTE DR **510 MAPLE POINTE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

SEFFNER, FLORIDA **SEFFNER, FLORIDA**

Zip Country Zip Country

33584-7817 **USA** **33584-7817** **USA**

03052003 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

20-0055902 Not Applicable

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

6. Name and Address of Current Registered Agent

ZAMBRANO, JOHN A
11418 VISCAYA RD
TAMPA, FL 33637

7. Name and Address of New Registered Agent

Name: **ZAMBRANO, JOHN A.**

Street Address (P.O. Box Number is Not Acceptable):
510 MAPLE POINTE DRIVE

City: **SEFFNER** FL Zip Code: **33584-7817**

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: John Zambrano 05-11-04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMBRANO, JOHN A	
STREET ADDRESS	11418 VISCAYA RD	
CITY ST ZIP	TAMPA, FL 33637	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAMBRANO, XIOMARA A	
STREET ADDRESS	11418 VISCAYA RD	
CITY ST ZIP	TAMPA, FL 33637	
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	
STREET ADDRESS	510 MAPLE POINTE DRIVE
CITY ST ZIP	SEFFNER, FL 335847817
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	510 MAPLE POINTE DRIVE
CITY ST ZIP	SEFFNER, FL 335847817
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)(f), 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 007, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with a "other" be empowered.

SIGNATURE: JOHN ZAMBRANO John Zambrano 05-11-04 813-3761476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR