


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P03000081780
 1. Entity Name
FAITH TRANSPORTATION, INC.



Principal Place of Business 4460 NW 3RD PLACE PLANTATION, FL 33317	Mailing Address P.O. BOX 15346 PLANTATION, FL 33318
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3768087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MESSAM, GRETEL
 4460 NW 3RD PLACE
 PLANTATION, FL 33317**

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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, 2008 Fee will be \$550.00

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

04/08/08-80081-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD	MESSAM, CLOVIS V 4460 NW 3RD PLACE PLANTATION, FL 33317
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Clovis Messam* **3/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #