Sent By: ; 0000000000 6/1/20

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
06-01-2004 90009 033 ****61.25
06-14-2004 90006 002 ****88.75

DOCUMENT # P03000097073

44046599

1. Entity Name
COAST TO COAST TRANSPORTATION, INC

Principal Place of Business
19801 E COUNTRY CLUB DRIVE
STE. 203
AVENTURA, FL 33180 US

Mailing Address
19801 E COUNTRY CLUB DRIVE
STE. 203
AVENTURA, FL 33180 US

3. Principal Place of Business: 415 NW 10th TERRACE
Suite, Apt. #, etc.
City & State: Hallandale FL
Zip: 33009 County: U.S.A

4. Mailing Address: 415 NW 10th TERRACE
Suite, Apt. #, etc.
City & State: Hallandale FL
Zip: 33009 County: U.S.A

03182003 Chg-F CR2E034 (10/02)

5. FEI Number: 200-300 609 — Applied For / Not Applicable

6. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORDECHAI MOTI
19801 E COUNTRY CLUB DRIVE
STE. 203
AVENTURA, FL 33180

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
Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 5, 2004

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORDECHAI MOTI 19801 E COUNTRY CLUB DRIVE, STE. 203 AVENTURA, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP mordechai, yona
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president YONA mordechai 2069 E. 57 ST. BKLYN NY 11234
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / 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: X Moti Mordechai 5/27/04 954-458-0116
Signature and Typed or Printed Name of Individual — Date — Daytime Phone #