2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 Al Secretary of State

1. Entity Nam 3J'S TRA	NSPORTATION, INC.				Seci	etary of Sta
	6TH COURT	lailing Address PO BOX 830073 MIAMI, FL 33283				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04302008 4. FEI Numb 13-426	er	034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
MONTALVO, MATILDE 14900 S.W. 93RD STREET MIAMI, FL 33196			DO NOT WRITE IN THIS SPACE			
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 Signature. Noted or priviled name of registered agent and title if applicable. (NOTE: Registered Agent agrature required when remetating) DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MONTALVO, YOANI P O BOX 830073 MIAMI, FL 33283				U000009435 05/29/08-8006	73 4-010 150.00
NAME STREET ADDRESS CITY-ST-ZIP	MATILDE, MONTALVO 9041 SW 156TH COURT MIAMI, FL 33196					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S PINA, JESSICA J 9041 SW 156TH COURT MIAMI, FL 33196	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	=
NAME STREET ADDRESS CITY-SI-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 plade under certify that I am an officer or director of the corporation or the receiver of furtisee empowered to expect 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date						