

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063547

FILED
Aug 06, 2007
Secretary of State

Entity Name: J.S.TRANSPORT ASSOCIATES INC..

Current Principal Place of Business:

6430 NW 199 LN
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6430 NW 199 LN
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-2784998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, RENE
5793 NW 32 AV
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

JUAN, SALAZAR D
6430 NW 199 LANE
MIAMI, FL 33015 US

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.

SIGNATURE: JUAN D SALAZAR

08/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, JUAN D
Address: 6430 NW 199 LN
City-St-Zip: MIAMI, FL 33015

Title: V () Delete
Name: GONZALEZ, OLGA L
Address: 6430 NW 199 LN
City-St-Zip: MIAMI, FL 33015

Title: S (X) Delete
Name: MORALES, RENE
Address: 6430 NW 199 LN
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SALAZAR, JUAN D
Address: 6430 NW 199 LN
City-St-Zip: MIAMI, FL 33015

Title: VS (X) Change () Addition
Name: GONZALEZ, OLGA L
Address: 6430 NW 199 LN
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN D SALAZAR

PRES

08/06/2007

Electronic Signature of Signing Officer or Director

Date