

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102485

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** PRO TRANSPORT CHARLESTON, INC.

**Current Principal Place of Business:**

10800 NW SOUTH RIVER DRIVE  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 821700  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

FEI Number: 26-1080735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACHARANDIO, OSCAR  
5465 SW 187 TERRACE  
MIRAMAR, FL 33029 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ACHARANDIO, OSCAR  
Address: 5465 SW 187 TERRACE  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: OSCAR ACHARANDIO

DP

04/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date