

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066055

FILED
Jan 22, 2009
Secretary of State

Entity Name: 1001 TRANSPORTATION INC

Current Principal Place of Business:

5386 PARADISE CAY CIRCLE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5386 PARADISE CAY CIRCLE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 26-3109424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARROSO, MARCELO
5386 PARADISE CAY CIRCLE
KISSIMMEE, FL 34746 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: BARROSO, MARCELO
Address: 5386 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: FERNANDES, SYLVIO
Address: 5386 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: ROISSMANN, GUSTAVO
Address: 5386 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Delete
Name: PACHECO, JAIR JR
Address: 5386 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Delete
Name: DOS SANTOS, VICTOR
Address: 5386 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Delete
Name: RIBEIRO, DANIEL
Address: 5386 PARADISE CAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PACHECO, JAIR J
Address: 5467 VINELAND RD #6109
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Change () Addition
Name: DOS SANTOS, VICTOR
Address: 1829 WEST POINTE CIR
City-St-Zip: ORLANDO, FL 32835

Title: T (X) Change () Addition
Name: RIBEIRO, DANIEL
Address: 2474 LAKE DEBRA DR #3306
City-St-Zip: ORLANDO, FL 32835

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

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: MARCELO BARROSO

P

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date