

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90013 048 ***150.00



DOCUMENT # P94000022011

1. Entity Name
ANYWHERE TRANSPORT, INC.

Principal Place of Business
 17482 S.W. 35 ST
 MIRAMAR FL 33029
 US

Mailing Address
 17482 S.W. 35 ST
 MIRAMAR FL 33029
 US

2. Principal Place of Business
1243 N.W. 179 TELL.

3. Mailing Address
1243 N.W. 179 TELL.

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
PEMBROKE PINES FL.

City & State
PEMBROKE PINES FL.

Zip
33029

Country
FLORIDA

4. FEI Number **59-3232886**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILEY, STEVEN P
 333 HENDERSON BLVD
 STE 150
 TAMPA FL 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALBERTI, BILLIE	
STREET ADDRESS	17482 S.W. 35 ST	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DPV	<input type="checkbox"/> Delete
NAME	ALBERTI, EDWIN C	
STREET ADDRESS	17482 S.W. 35 ST	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTI BILLIE	
STREET ADDRESS	1243 N.W. 179 TELL.	
CITY-ST-ZIP	PEMBROKE PINES FL. 33029	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTI EDWIN C.	
STREET ADDRESS	1243 N.W. 179 TELL.	
CITY-ST-ZIP	PEMBROKE PINES FL. 33029	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLINGSWORTH JOHN	
STREET ADDRESS	3851 S.W. 160 AVE. APT. 105	
CITY-ST-ZIP	MIRAMAR FL. 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *[Signature]* **EDWIN ALBERTI** PRESIDENT 1-31-04 954-420-8033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #