

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 04, 2005  
Secretary of State

DOCUMENT# P94000022011

Entity Name: ANYWHERE TRANSPORT, INC.

**Current Principal Place of Business:**

1243 N.W. 179 TERR  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

19411 NW 2 STREET  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

1243 N.W. 179 TERR  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

19411 NW 2 STREET  
PEMBROKE PINES, FL 33029 US

FEI Number: 59-3232886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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: STD ( ) Delete  
Name: ALBERTI, BILLIE  
Address: 1243 NW 179 TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DP ( ) Delete  
Name: ALBERTI, EDWIN C  
Address: 1243 NW 179 TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete  
Name: ELLINGSWORTH, JOHN  
Address: 38515 SW 160 AVE APT. 105  
City-St-Zip: MIRAMAR, FL 33027

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

Title: STD (X) Change ( ) Addition  
Name: ALBERTI, BILLIE  
Address: 19411 NW 2 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DP (X) Change ( ) Addition  
Name: ALBERTI, EDWIN C  
Address: 19411 NW 2 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWIN ALBERTI

PRES

10/04/2005

Electronic Signature of Signing Officer or Director

Date