2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State
09-10-2004 90004 010 ***150.00

DOCUMENT # P96000091970

1. Entity Name
SERVICE MOBILE & TRANSPORT, INC.

Principal Place of Business
~~3551 NW 106 ST.~~
MIAMI, FL 33147

Mailing Address
~~3551 NW 106 ST.~~
~~MIAMI, FL 33147~~

09082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
150 E 1st AVE		150 E 1st AVE	
Suite, Apt. #, etc. 1410		Suite, Apt. #, etc. 1410	
City & State Hialeah FL		City & State Hialeah Fl	
Zip 33010	Country USA	Zip 33010	Country USA

4. FEI Number 65-0706264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~PEREZ, RAUL R~~
~~3551 NW 106 ST.~~
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name: Ramos Elizardo
Street Address (P.O. Box Number is Not Acceptable): 150 E 1st AVE #1410
City: Hialeah FL Zip Code: 33010

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: Elizardo Ramos DATE: 9-8-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~PEREZ, RAUL R~~ 3551 NW 106 ST. MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Ramos Elizardo 150 E 1st AVE #1410 Hialeah Fl 33010	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPS~~ ~~RAMOS, ELIZARDO~~ ~~3551 NW 106 ST~~ ~~MIAMI, FL 33147~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Elizardo Ramos Ramos Elizardo 9-8-04 3059682420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #