2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000049526

1. Entity Name

PRO TRANSPORT, INC.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 821700

PEMBROKE PINES, FL 33082

Mailing Address

P.O. BOX 821700

PEMBROKE PINES, FL 33082



DO NOT WRITE IN THIS SPACE

02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0840884 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHARANDIO, OSCAR 5465 SW 187 TERRACE MIRAMAR, FL 33029

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACHARANDIO, OSCAR 5465 SW 187 TERRACE. MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

DO NOT WRITE IN THIS SPACE

U00000732344 05/03/07-80042-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

305-884-4/86

Daytime Phone #