


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90004 010 \*\*\*150.00

<b>DOCUMENT # P96000091970</b> 1. Entity Name <b>SERVICE MOBILE &amp; TRANSPORT, INC.</b>		
Principal Place of Business <del>3551 NW 106 ST.</del> <b>MIAMI, FL 33147</b>		Mailing Address <del>3551 NW 106 ST.</del> <b>MIAMI, FL 33147</b>
2. Principal Place of Business <b>150 E 1st AVE</b> Suite, Apt. #, etc. <b>1410</b>		3. Mailing Address <b>150 E 1st AVE</b> Suite, Apt. #, etc. <b>1410</b>
City & State <b>HALEAH FL</b>		City & State <b>HALEAH FL</b>
Zip <b>33010</b>	Country <b>USA</b>	4. FEI Number <b>65-0706264</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable
6. Name and Address of Current Registered Agent <del>PEREZ, RAUL R.</del> <del>3551 NW 106 ST.</del> <del>MIAMI, FL 33147</del>		7. Name and Address of New Registered Agent Name <b>RAMOS ELIZARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 E 1st AVE</b> <b>#1410</b> City <b>HALEAH FL</b> Zip Code <b>33010</b>
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: <u><i>Elizardo Ramos</i></u> DATE: <u>9-8-04</u> <small>Signature (type or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <del>PEREZ, RAUL R.</del> <del>3551 NW 106 ST.</del> <del>MIAMI, FL 33147</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	DP <b>RAMOS ELIZARDO</b> <b>150 E 1st AVE #1410</b> <b>HALEAH FL 33010</b>
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <del>RAMOS, ELIZARDO</del> <del>3551 NW 106 ST.</del> <del>MIAMI, FL 33147</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input checked="" type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Elizardo Ramos</i></u> <b>RAMOS ELIZARDO</b>		DATE: <u>9-8-04</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>