

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135203

1. Entity Name
S & F TRANSPORT, CORP.



Principal Place of Business
1305 NW 22ND STREET
MIAMI, FL 33127

Mailing Address
1305 NW 22ND STREET
MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #
1305 NW 22nd St
Suite, Apt. #, etc.

3. Mailing Address
1305 NW 22nd St
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33127
Country
USA

City & State
Miami FL
Zip
33127
Country
USA

08292007 Chg-P CR2E034 (12/06)

4. FEI Number
84-1657189
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO
15563 SW 9TH TERR
MIAMI, FL

7. Name and Address of New Registered Agent

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GONZALEZ, PEDRO	
STREET ADDRESS	15563 SW 9 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33127	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800110286738	
STREET ADDRESS	10/04/07--01032--007	
CITY-ST-ZIP	++18.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800110286738	
STREET ADDRESS	10/04/07--01032--008	
CITY-ST-ZIP	++150.00	
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		
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/07 - (805) 545-8364 -
Date Daytime Phone #

S&F Transport Corp.
1305 NW 22nd ST
Miami, FL 33142

07/17/07

We asked for the Annual Report forms by mail, but did not receive them in time.

We are now sending the regular payment.

Thank you

Pedro Gonzalez
President
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