

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005019

FILED
Mar 10, 2011
Secretary of State

Entity Name: ISLAND PREMIER TRANSPORT INC.

Current Principal Place of Business:

SLS BLDG #200, PUERTO RICO OFFICE
1 IMESON PARK BLVD.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

SLS BLDG #200, PUERTO RICO OFFICE
1 IMESON PARK BLVD.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 66-0589774 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WESTLING, ROBERT
4412 ANVERS BLVD.
JACKSONVILLE, FL 32210 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM
Name: FRANCO, JUAN CARLOS
Address: P.O. BOX 2577
City-St-Zip: BAYAMON, PR 009602577

Title: P
Name: FRANCO, JUAN CARLOS
Address: P.O. BOX 2577
City-St-Zip: BAYAMON, PR 009602577

Title: VCHR
Name: BESOSA, JOHN
Address: P.O. BOX 2577
City-St-Zip: BAYAMON, PR 009602577

Title: S
Name: BESOSA, JOHN
Address: P.O. BOX 2577
City-St-Zip: BAYAMON, PR 009602577

Title: TD
Name: NEVAREZ, PEDRO
Address: P.O. BOX 2577
City-St-Zip: BAYAMON, PR 009602577

Title: TD
Name: NEVAREZ, PEDRO
Address: P.O. BOX 2577
City-St-Zip: BAYAMON, PR 009602577

I hereby 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 all other like empowered.

SIGNATURE: EDMOND LONGARINI

VP

03/10/2011

Electronic Signature of Signing Officer or Director

Date