## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90056 025 \*\*\*150.00

| 1. Entity Nam  | MENT # J11263  EANSPORTATION, INC.   |  |  |  |                            | 01-18-2005 9                     | 0056 025 ***:                            | 50.00  |
|--|--|--|--|--|----------------------------|----------------------------------|--|--|
| Principal Place of Business<br>3324 BEACH STREET<br>TAMPA, FL 33607  |  | Mailing Address 3324 BEACH STREET TAMPA, FL 33607  |  | . —  | 40002776                   |                                  |  |  |
| 2. Principal P   | Place of Business  | 3. Mailing Address   |  |  |                            |                                  |  |  |
|  |  |  |  |  | EBI (1886 1886 BAARD 1991) | BISTIS ŠTATIL BISTIL BYBIT STATI |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | 01102005   | Chg-P                      | CR2E034 (10/0                    | 93)                                      |  |
| City & State   |  | City & State   |  | 4. FEI Number 59-27925                               | 598                        |                                  | Applied For<br>Not Applicable            |  |
| Zip  | Country  | Zip  | Coun   | try  | 5. Certificate of          | Status Desired                   | ☐ \$8.75<br>Fee Req                      | Additional<br>uired                                |
|  | 6. Name and Address of Curren  | t Registered Agent   | !<br>  |  | -7Name and A               | ddress of New Re                 |  |  |
| HERNAND  | DEZ AURORA   |  |  | Name   |                            |                                  |  |  |
| HERNANDEZ, AURORA<br>3324 BEACH STREET<br>TAMPA, FL 33607  |  |  |  | Street Address (P.O. Box Number is Not Acceptable)   |                            |                                  |  |  |
| .,   |  |  |  |  |                            |                                  |  |  |
|  |  |  |  | City   |                            |                                  | FL Zip (                                 | Code   |
|  | named entity submits this statement tions of registered agent.   | for the purpose of changing its  | registere  | ad office or register                                | red agent, or both,        | in the State of Flor             | rida. I am familiar w                    | ith, and accept                                    |
| SIGNATURE_   | Signature, typed or printed name of registered ager  | TOWN MINISTER AND LOCATION OF THE PARTY OF T |  |  |                            |                                  | DATE                                     |  |
|  | acquaidre, types or printes nume or registeres age   | THE PROPERTY OF THE PROPERTY O | E: Hegistere   | d Agent signafore require:                           | (gnistaniet nekty t        |                                  | CALLE                                    |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550   | 9. Election Camps  | ign Finar  | ncing \$5  | .00 May Be<br>led to Fees  |                                  | CALE                                     |  |
| After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550<br>CFFICERS ANI   | 9. Election Campa Trust Fund Con D DIRECTORS   | ign Finar<br>tribution.  | ncing \$5  | .00 May Be<br>led to Fees  | HANGES TO OFFI                   | CERS AND DIRECT                          |  |
| After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550<br>OFFICERS ANI<br>DP<br>HERNANDEZ, AURORA<br>3324 BEACH STREET   | 9. Election Campa<br>.00 Trust Fund Con  | tribution.  11.  TITLE NAME STREE  | ncing \$5  | .00 May Be<br>led to Fees  | HANGES TO OFFI                   |  |  |
| After Ma  10. TITLE NAME STREET ADDRESS  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550<br>OFFICERS AND<br>DP<br>HERNANDEZ, AURORA  | 9. Election Campa Trust Fund Con D DIRECTORS   | ign Finar<br>tribution.<br>11.<br>TITLE<br>NAMI  | E E E E E - ST-ZIP                                   | .00 May Be<br>led to Fees  | HANGES TO OFFI                   | CERS AND DIRECT                          | ge Addition  |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 eath; 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 attachyrenty with an address, without when it we empowered.

SIGNATURE: SILLED

ATURE AND TYPES OR DRINKTED NAME OF SIGNING OFFICER OR DIRECTO

1-10-05

Daytime Phone #