

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 027 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J94309

1. Entity Name
LAND & SEA TRANSPORT, INC.



Principal Place of Business

~~244 BISCAYNE BLVD.~~

~~STE 4~~

~~MIAMI FL 33133 US~~

Mailing Address

244 BISCAYNE BLD

~~STE 4~~

~~MIAMI FL 33133 US~~

* 125 NE 9th St Miami FL 33132



04262004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0012452

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSCULLUELA, JORGE
6141 SW 44 TERR.
MIAMI, FL 33155

6501 SW 51 Terr.
Miami FL 33155

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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: *Jorge Cosculluela* President

(NOTE: Registered Agent signature required when reinstating)

4-26-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	COSCULLUELA, JORGE
STREET ADDRESS	96 NW 66 AVE.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-26-04

Date

805 345-8307

Daytime Phone #