


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L62567	
1. Entity Name TRANSIT SAFETY CONSULTING SERVICES, INC.	

Principal Place of Business % ALBERT W. HARTKORN 1390 OCEAN DR #202 MIAMI BEACH, FL 33139	Mailing Address % ALBERT W. HARTKORN 1390 OCEAN DR #202 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0653499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARTKORN, ALBERT W.
1390 OCEAN DR
SUITE 202
MIAMI BEACH, FL 33139**

DO NOT WRITE
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARTKORN, ALBERT W. 1390 OCEAN DR #202 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FEATHERSTON, VALERIE K. 403 PHEASANT RUN, S.E. ROME, GA 30161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HARTKORN, CHRISTENE 1390 OCEAN DR. #202 MIAMI BEACH, FL 33139
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01/11/08-80022-018 158.75

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: Albert W. Hartkorn Albert W. Hartkorn 01-09-08 305-538-4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #