

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L66906**

1. Entity Name  
**J. M. TRANSPORTATION, INC.**



Principal Place of Business

**6885 N.W. 25 STREET  
SUITE #3  
MIAMI, FL 33122 US**

Mailing Address

**6885 N.W. 25 STREET  
SUITE #3  
MIAMI, FL 33122 US**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0189944</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ARIAS, JOHN  
6885 N.W. 25 STREET  
SUITE #3  
MIAMI, FL 33122**

**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

*John Arias* *President* *1/21/04*  
(NOTE: Registered Agent signature required when resigning)

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	P
NAME	ARIAS, JOHN
STREET ADDRESS	6885 N.W. 25 STREET, SUITE #3
CITY ST ZIP	MIAMI, FL 33122

TITLE	V
NAME	ARIAS, MARIA C
STREET ADDRESS	6885 N.W. 25 STREET, SUITE #3
CITY ST ZIP	MIAMI, FL 33122

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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CITY ST ZIP	

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01/29/04-80041-002 158.75

**DO NOT WRITE  
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

*John Arias* *1/21/04* *(305) 718-8799*  
Full-time Phone #