


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90039 046 \*\*\*\*61.25

<b>DOCUMENT # N93000002062</b> 1. Entity Name <b>FEDERATION TRANSPORTATION SERVICES, INC.</b>					
Principal Place of Business <b>9901 DONNA KLEIN BLVD BOCA RATON, FL 33428-1788</b>			Mailing Address <b>9901 DONNA KLEIN BLVD BOCA RATON, FL 33428-1788</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0409644</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIRSNER, MARVIN A 2255 GLADES RD STE 419A BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent - Name <b>ALBERT W. GORTZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2255 Glades Rd</b> Suite <b>340 West</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		
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 <u><i>Albert W. Gortz</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">1/18/07 DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BARBAG, CANDY</b> <b>21478 SWEETWATER LN, S.</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PLOUGH, MAURICE JR</b> <b>4799 NW 26TH AVE</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SAGINOR, WENDY</b> <b>6600 N. WOODBRIDGE DR.</b> <b>PARKLAND, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SOLOMON, SHIRLEY</b> <b>7244 VALENCIA DR</b> <b>BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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 fees empowered.					
<b>SIGNATURE:</b> <u><i>Shirley Solomon</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date _____ Daytime Phone # _____</span>					

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