

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Check

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 023 ***158.75

DOCUMENT # P00000011895

1. Entity Name

ISSY TRANSPORT, INC.



Principal Place of Business

13100 SW 14TH STREET
MIAMI FL 33184

Mailing Address

8412 NW 1 TERR
MIAMI FL 33126

60000000



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

8412 NW 1 Terr

3. Mailing Address

8412 NW 1 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Miami Fla

Zip

33126

Country

Dale

Zip

33126

Country

Dale

4. FEI Number

65-0978686

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, ISABEL
13100 SW 14TH STREET
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name Isabel Zamora

Street Address (P.O. Box Number is Not Acceptable)

8412 NW 1 Terr

City Miami Fla

FL

Zip Code

33126

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

Isabel Zamora

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZAMARA, ISABEL
STREET ADDRESS 13100 SOUTHWEST 14TH STREET
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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

Isabel Zamora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/05