

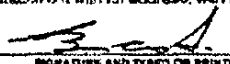


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-11-2004 90011 006 ***150.00

DOCUMENT # P90000055922			
1. Entity Name BACA TRANSPORT, CORP.			
Principal Place of Business 2418 NE 30TH ST. MIAMI, FL 33142		Mailing Address 2418 NE 30TH ST. MIAMI, FL 33142	
2. Principal 		g Address	
Suite, Apt. LEONEL G. BACA 2418 N.W. 30TH ST. MIAMI, FL 33142-0000		Apt. # etc.	
City & Stat		State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 05-1037056		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACA, LEONEL G 2418 NE 30TH ST. MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and 11a & 11b & 11c & 11d & 11e & 11f & 11g & 11h & 11i & 11j & 11k & 11l & 11m & 11n & 11o & 11p & 11q & 11r & 11s & 11t & 11u & 11v & 11w & 11x & 11y & 11z</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACA, LEONEL G 2418 NW 30TH STREET MIAMI, FL 33142 <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	VP BACA, FRANCISCO J 2418 NW 30TH STREET MIAMI, FL 33142 <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
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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 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:  LEONEL G. BACA		03-06-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

copy

COPY

Attachment - Pg 0000055900 60409089

9-7-00

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-1037056**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	BACA TRANSPORT CORP. FEI	
	2 Trade name of business (if different from name on line 1)	BACA TRANSPORT CORP.	
	3 Executor, trustee, "care of" name	LEONEL G BACA	
	4a Mailing address (street address) (room, apt., or suite no.)	2918 NW 30 ST	
	5a Business address (if different from address on lines 4a and 4b)		
	4b City, state, and ZIP code	MIAMI FLA 33142	
	5b City, state, and ZIP code		
6 County and state where principal business is located	MIAMI-DADE - FLORIDA		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►	LEONEL G BACA - 593-88-8376		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☒ Sole proprietor (SSN) **593 88 8376**
- ☐ Partnership ☐ Personal service corp.
- ☐ REMIC ☐ National Guard
- ☐ State/local government ☐ Farmers' cooperative
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ►
- ☐ Other (specify) ►

- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ►
- ☐ Trust
- ☐ Federal government/military

ADDRESS SHOULD BE
CORRECT SINCE
DAY ONE.

DATA ENTRY ERROR

8b If a corporation, name the state or foreign country (if applicable) where incorporated **N/A** State **N/A** Foreign country **N/A**

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) **TRANSPORTATION**

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions) **06-01-2000**

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) **0**

Nonagricultural ☒ Agricultural ☐ Household ☐

14 Principal activity (see instructions) **TRANSPORTATION**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► **N/A**

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

LEONEL G BACA - PRESIDENT

Business telephone number (include area code) **(305) 638-5366**

Name and title (Please type or print clearly.) ► Fax telephone number (include area code) **(305) 635-1197**

Signature **BACA** Date **8-22-00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
					COPY

BACA TRANSPORT CORP
2418 NW 30 ST
MIAMI, FL 33142
PH: (305) 638-5368
FX: (305) 635-1197

Attachments

66409089

MARCH 24, 2004

TO WHOM IT MAY CONCERN:

REGARDING REFERENCE NUMBER: P00000055922 I SENT MY PAYMENT AND
THIS IT NO THE FIRST TIME I DO THIS WITH MY CORPORATION. I THINK YOU GOT
MY FEI BUT I CAN SEND IT TO YOU AGAIN.

FEI NUMBER: 65-1037056

I ALSO SENT YOU LAST YEAR THE AMOUNT OF \$8.75 TO MAKE ADDRESS CORRECTION
SINCE YOU HAVE IT WRONG. MY STREET ADDRESS SHOULD READ AS FOLLOW:

2418 NW 30TH ST
MIAMI, FL 33142

NW INSTEAD OF NE. PLEASE MAKE NECESSARY CHANGES.
IF YOU HAVE ANY QUESTION OR NEED FURTHER INFORMATION, PLEASE DON'T
HESITATE TO CALL ME.

SINCERILY,



LEONEL G. BACA

copy