2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 23, 2004 08:00 AM DOCUMENT # P00000069947 **Secretary of State** MIAMI RIVER TRANSPORT CORPORATION Principal Place of Business Mailing Address 135 SW S RIVER DRIVE 135 SW S RIVER DRIVE MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1027467 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRIEGUEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) 135 SW S RIVER DRIVE MIAMI FL 33130 Zip Code City 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 SIGNATURE . Signature, typed or printed name of registered agont and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE Delete TM E U00000062438 PRIEGUEZ, MANUEL J NAME 02/23/04-80120-024 150.00 STREET ADDRESS 135 SW S RIVER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY - ST-ZIP Change Addition ☐ Delete TITLE MILE PRIEGUEZ, MANUEL NAME NAME 135 SW S RIVER DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 3 ITH ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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:

MANUEL PRIEGUEZ PD 2-20-04 (305) 545-9775

SIGNATURE:

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