


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000069947
 1. Entity Name
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**



01122005 No Chg-P CR2E034 (10/03)

4. FEL Number 65-1027467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PRIEGUEZ, MANUEL
135 SW S RIVER DRIVE
MIAMI, FL 33130

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIEGUEZ, MANUEL J 135 SW S RIVER DRIVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIEGUEZ, MANUEL 135 SW S RIVER DRIVE MIAMI, FL 33130
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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: MANUEL PRIEGUEZ **MANUEL PRIEGUEZ 1/19/05 (305)545-9725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #