

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90030 011 ***150.00

DOCUMENT # P00000094537

1. Entity Name

PONTUAL TRANSPORT, INC.



Principal Place of Business

8140 N.W. 74TH AVENUE
#20
MEDLEY FL 33166

Mailing Address

8140 N.W. 74TH AVENUE
#20
MEDLEY FL 33166

2. Principal Place of Business

6123 NW 72 Ave
Suite, Apt. #, etc.

3. Mailing Address

6123 NW 72 Ave
Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip
33146-3707

Country
USA

Zip
33166-3707

Country
USA

4. FEI Number

65-1051267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLENNIA-CONSULTING-SERVICE, INC.
2630 NE 203 RD. ST.
SUITE 106
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name: ELO ENTERPRISES INC
Street Address (P.O. Box Number is Not Acceptable): 1900 W. Commercial Blvd.
#139
City: Fort Lauderdale FL Zip Code: 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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: PD
NAME: PEDROSA, ANDRE L
STREET ADDRESS: 17111 NE 13TH STREET
CITY-ST-ZIP: PEMBROKE PINES FL 33028 ☐ Delete

TITLE: VD
NAME: GONGALEZ, CARLOS E
STREET ADDRESS: 19280SW 62 STREET
CITY-ST-ZIP: FORT LAUDERDALE FL 33332 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/26/04