

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-04-2005 90105 022 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P00000114284
 1. Entity Name
METRO EXPRESS TRANSPORT, INC.



Principal Place of Business
1330 W. 1ST STREET
RIVIERA BEACH FL 33404
1331 W. 1ST ST.
RIVIERA BEACH, FL 33404

Mailing Address
PO BOX 11113
RIVER BEACH FL 33419
P.O. Box 11113

2. Principal Place of Business
P.O. Box 11113
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 11113
 Suite, Apt. #, etc.

City & State
Riviera Beach

City & State
Riviera Beach

4. FEI Number
65-1070466

Applied For
 Not Applicable

Zip
33419 Country
Palm Beach

Zip
33419 Country
Palm Beach

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BIVINS, CHRISTOPHER J
1330 W. 1ST STREET
RIVIERA BEACH FL 33404
PO BOX 1113
RIVIERA BEACH FL 33419

7. Name and Address of New Registered Agent
 Name *Christopher S. Bivins*
 Street Address (P.O. Box Number is Not Acceptable)
1331 W. 1ST ST.
 City *Riviera Beach, FL* Zip Code *33404*

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 *Christopher S. Bivins* DATE *6-2-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

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	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
PVST	BIVINS, CHRISTOPHER J	1330 W. 1ST STREET	RIVIERA BEACH FL 33404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		P.O. Box 1113	Riviera Beach, FL 33415	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(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: *Christopher S. Bivins* DATE: *4-28-05* DAYTIME PHONE #: *561-248-7092*
Signature and typed or printed name of signing officer or director