

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2005 90105 022 \*\*\*150.00

**DOCUMENT # P00000114284**

1. Entity Name  
**METRO EXPRESS TRANSPORT, INC.**



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

Mailing Address  
**PO BOX 11113  
RIVER BEACH FL 33419**

**1331 W. 1ST ST.  
Riviera Beach, FL 33404**

2. Principal Place of Business  
**P.O. Box 11113**

3. Mailing Address  
**P.O. Box 11113**

Suite, Apt. #, etc.

City & State  
**Riviera Beach**

City & State  
**Riviera Beach**

Zip  
**33419**

Country  
**Palm Beach**

Zip  
**33419**

Country  
**Palm Beach**

6. Name and Address of Current Registered Agent

**BIVINS, CHRISTOPHER J.  
1330 W. 1ST STREET  
RIVIERA BEACH FL 33404**

**PO BOX 11113  
RIVIERA BEACH FL 33419**

4. FEI Number  
**65-1070466**

Applied For  
☐ Not Applicable

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

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**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PVST</b>	<input type="checkbox"/> Delete	TITLE <b>P.O. Box 11113</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIVINS, CHRISTOPHER J</b>		NAME <b>Riviera Beach, FL 33415</b>	
STREET ADDRESS <b>1330 W. 1ST STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>RIVIERA BEACH FL 33404</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Christopher S. Bivins** DATE **4-28-05** DAYTIME PHONE # **561-248-7092**  
**561-381-1144**