

**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 <i>1331 W. 1ST ST. RIVIERA BEACH, FL 33404</i>		Mailing Address PO BOX 11113 RIVER BEACH FL 33419	
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	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIVINS, CHRISTOPHER J 1330 W. 1ST STREET RIVIERA BEACH FL 33404 <i>PO BOX 1113 RIVIERA BEACH FL 33419</i>		7. Name and Address of New Registered Agent Name: Christopher S. Bivins Street Address (P.O. Box Number is Not Acceptable): <i>1331 W. 1ST ST.</i> 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: <i>Christopher S. Bivins</i> DATE: 6-2-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BIVENS, CHRISTOPHER J 1330 W. 1ST STREET RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1113 Riviera Beach, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Christopher S. Bivins</i>		Date: 4-28-05 Daytime Phone #: 561-248-7092 561-381-1144	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	