


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90082 044 \*\*\*150.00

<b>DOCUMENT # P00000114284</b>	
1. Entity Name <b>METRO EXPRESS TRANSPORT, INC.</b>	

Principal Place of Business <b>1331 W. 1ST ST. RIVIERA BEACH FL 33404</b>	Mailing Address <b>P.O. BOX 11113 RIVIERA BEACH FL 33419</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 142782</b>  Suite, Apt. #, etc.
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City & State <b>GAINESVILLE, FLA.</b>	City & State <b>GAINESVILLE, FLA.</b>
Zip <b>32614</b>	Country

4. FEI Number <b>65-1070466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BIVINS, CHRISTOPHER S 1331 W. 1ST ST. RIVIERA BEACH FL 33404</b>	
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7. Name and Address of New Registered Agent Name <b>CHRISTOPHER S. BIVINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1331 W. 1st St.</b> City <b>RIVIERA BEACH</b> FL Zip Code <b>33404</b>	
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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 <u><i>Christopher S. Bivins</i></u> DATE <u>3-2-07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST BIVINS, CHRISTOPHER J P.O. BOX 11113 RIVIERA BEACH FL 33415</b> <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
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 exemptions contained in Section 119, 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.	
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SIGNATURE: <u><i>Christopher S. Bivins</i></u> <b>3-2-07</b> <b>561-381-1144</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>561-248-7092</b>
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