

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90031 049 ***150.00

DOCUMENT # P00000114284

1. Entity Name

METRO EXPRESS TRANSPORT, INC.



Principal Place of Business

1331 W. 1ST ST.
 RIVIERA BEACH FL 33404

Mailing Address

PO BOX 142782
 GAINESVILLE FL 32614



2. Principal Place of Business - No P.O. Box #

SS 26 NW 29th TERR.

3. Mailing Address

P.O. BOX 142782

Site, Apt. #, etc.

Site, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

GAINESVILLE, FLA.

City & State

GAINESVILLE, FLA.

4. FEI Number

65-1070466

Applied For

Not Applicable

Zip

32653

Country

FLORIDA

Zip

32614

Country

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIVENS, CHRISTOPHER J
 1331 W. 1ST ST.
 RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name BIVENS, Christopher S.

Street Address (P.O. Box Number is Not Acceptable)

SS 26 NW 29th TERRACE

City GAINESVILLE

FL

Zip Code

32653

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. Bivens

1-25-08

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	BIVENS, CHRISTOPHER J	P.O. BOX 11113	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"/>

SAME INFO DIFFERENT P.O. BOX

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PVST	BIVENS, Christopher S.	P.O. BOX 142782	GAINESVILLE, FLA. 32614	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Christopher S. Bivens

1-25-08

352-745-0066
 352-745-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #