

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 042 ***158.75

DOCUMENT # P01000040484

1. Entity Name
TRANSPORT SERVICES SPECIALIST, INC.



Principal Place of Business
1101 BRICKELL AVE. SE. 401 N
MIAMI, FL 33131

Mailing Address
1101 BRICKELL AVE. SE. 401 N
MIAMI, FL 33131

2. Principal Place of Business
2699 Collins Ave

3. Mailing Address
2699 Collins Ave



04222004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
135

Suite, Apt. #, etc.
135

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33140

Country
USA

Zip
33140

Country
USA

4. FEI Number
52-2310637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, JUAN CARLOS
1101 BRICKELL AVE. STE. 401
NORTH-TOWER
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name NANCY WOELKI
Street Address (P.O. Box Number is Not Acceptable)
2699 Collins Ave #135
City MIAMI BEACH **FL** **Zip Code** 33140

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 *[Signature]*
Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-23-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	GOMEZ, JUAN CARLOS	
STREET ADDRESS	1101 BRICKELL AVE. STE. 401 NORTH	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DPT	☐ Delete
NAME	GODOY, LUIS ALBERTO	
STREET ADDRESS	1101 BRICKELL AVE. STE. 401 N	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DVS	☐ Delete
NAME	WOELKI, NANCY C	
STREET ADDRESS	1101 BRICKELL AVE. STE. 401 NORTH	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☒ Change ☐ Addition
NAME	GODOY, LUIS ALBERTO	
STREET ADDRESS	2699 Collins Ave #135	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DVS	☒ Change ☐ Addition
NAME	WOELKI, NANCY C.	
STREET ADDRESS	2699 COLLINS AVE #135	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 (305) 672-8706
Date Daytime Phone #