2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040484

Entity Name: TRANSPORT SERVICES SPECIALIST, INC.

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

 1028 LAKE BISCAYNE WAY
 6177 NW 170 TER

 ORLANDO, FL 32824
 HIALEAH, FL 33015

Current Mailing Address: New Mailing Address:

 1028 LAKE BISACYNE WAY
 P.O. BOX 162058

 ORLANDO, FL 32824
 MIAMI, FL 33116

FEI Number: 52-2310637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOELKI, NANCY
1028 LAKE BISCAYNE WAY
ORLANDO, FL 32824 US
WOELKI, NANCY
6177 NW 170 TER
HIALEAH, FL 33015 US

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.

SIGNATURE: 07/08/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 GODOY, LUIS A
 Name:
 GODOY, LUIS A

 Address:
 1028 LAKE BISCAYNE WAY
 Address:
 6177 NW 170 TER

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 HIALEAH, FL 33015

Title: DVS () Delete Title: DVS (X) Change () Addition Name: WOELKI, NANCY C Name: WOELKI, NANCY C

 Name:
 WOELKI, NANCY C
 Name:
 WOELKI, NANCY C

 Address:
 1028 LAKE BISCAYNE WAY
 Address:
 6177 NW 170 TER

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 HIALEAH, FL 33015

Title: DVS () Delete Title: () Change () Addition

 Name:
 WOELKI, NANCY C
 Name:

 Address:
 1101 BRICKELL AVE. STE. 401 NORTH
 Address:

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOELKI, NANCY C DVS 07/08/2008