2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 08:00 AM Secretary of State

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ANNOAL KEFORT					0			
DOCUMENT # P0100083041 1. Entity Name P.W.F. TRANSPORT CORPORATION					2	secreta	ary of Sta	
Principal Place o 9198 NW 114T HIALEAH GARDI		Mailing Address 9198 NW 114TH ST HIALEAH GARDENS, FL 33018			11/1/	 11 1		
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DO	CE	4. FEI Numbe 65-113	or	□ \$ 8.	Applied For Not Applicable 75 Additional Required			
	6. Name and Address of Current Re	gistered Agent			*		Kedasea	
FERRER, VIRGELBIL M 9198 NW 114TH ST HIALEAH GARDENS, FL 33018					NOT W		٠.	
the obligation	amed entity submits this statement for this of registered agent. grature, typed or printed name of registered agent and		ed office or registe		h, in the State of Flo	rida. I am famil	iar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ded to Fees	·			
10.	OFFICERS AND DIF	RECTORS						
STREET ADDRESS 9 CITY-ST-ZIP	ERRER, WILDE 1198 NW 114TH ST HALEAH GARDENS, FL 33018			, , , , , , , , , , , , , , , , , , ,	00000 01/17/0	00587636 7-80040-	018 150.00	
STREET ADDRESS 9	D FERRER, VIRGELBIL M 198 NW 114TH ST HALEAH GARDENS, FL 33018					•		
NAME STREET ADDRESS CITY-ST-ZIP			· · · · · ·	DO	NOT W	RITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1	•		
TITLE NAME				:				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ___

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #