

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087889

1. Entity Name
ARTEMISA TRANSPORTATION, INC.



FILED
CLERK OF COURT
JANUARY 14
04 MAY 14 PM 12:25

Principal Place of Business
6270 WEST FLAGLER ST. #C-12
MIAMI, FL 33144-3022

Mailing Address
6270 WEST FLAGLER ST. #C-12
MIAMI, FL 33144-3022

2. Principal Place of Business
45 NW 57TH AVE
Suite, Apt. #, etc.

3. Mailing Address
45 NW 57TH AVE
Suite, Apt. #, etc.



03042003 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip
33126
Country
USA

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Miami, FL
Zip
33126
Country
USA

4. FEI Number
65-1137598
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, NELSON R
6270 WEST FLAGLER ST. #C-12
MIAMI, FL 33144-3022

7. Name and Address of New Registered Agent

Name
Roilan Goenaga
Street Address (P.O. Box Number is Not Acceptable)
45 NW 57TH AVE
City
Miami
FL
Zip Code
33126

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 DATE 05/10/04
(NOTE: Registered Agent signature required when renewing)

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, NELSON R. 6270 WEST FLAGLER ST. #C-12 MIAMI, FL 33144-3022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roilan Goenaga 45 NW 57TH AVE Miami FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Lidice Travieso 45 NW 57TH AVE Miami FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200036203802 05/12/04--01064--001 **2100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #