

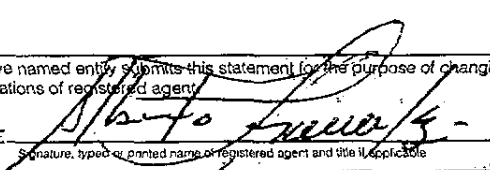
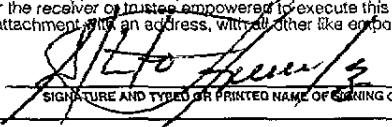


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000107812			
1. Entity Name HURRICANE TRANSPORT, INC			
Principal Place of Business P.O. BOX 110513 HIALEAH, FL 33011		Mailing Address P.O. BOX 110513 HIALEAH, FL 33011	
DO NOT WRITE IN THIS SPACE			
		04032004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1154291	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, ALBERTO J 1175 SE 8TH AVE HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4-27-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000153573 05/04/04-80132-009 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	FERNANDEZ, ALBERTO J		
STREET ADDRESS	P.O. BOX 110513		
CITY-ST-ZIP	HIALEAH, FL 33011		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 637, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-27-04 305/883-2888 <small>Daytime Phone #</small>	