

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 Mailing Address
 P.O. BOX 110513 P.O. BOX 110513
 HIALEAH, FL 33011 HIALEAH, FL 33011

DO NOT WRITE IN THIS SPACE



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1154291 Not Applicable

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

6. Name and Address of Current Registered Agent
 FERNANDEZ, ALBERTO J
 1175 SE 8TH AVE
 HIALEAH, FL 33010

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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: *Alberto Fernandez* DATE: 4-27-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

U00000153573
 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	

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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: *Alberto Fernandez* Date: 4-27-04 Daytime Phone #: 305/883-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #