

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90027 044 ***150.00

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1. Entity Name
ZAP TRANSPORT INC.



Principal Place of Business

**4312 EAST 10TH AVE
HIALEAH, FL 33013**

Mailing Address

**4312 EAST 10TH AVE
HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number **02-0605188** Applied For
~~03-0605188~~ Not Applicable

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

6. Name and Address of Current Registered Agent

**SANABIA, JOSE M
4312 EAST 10TH AVE
HIALEAH, FL 33013**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SANABIA, JOSE M
STREET ADDRESS	4312 EAST 10TH AVE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	T
NAME	PORTAL, MIGUEL L
STREET ADDRESS	4312 EAST 10TH AVE
CITY-ST-ZIP	HIALEAH, FL 33013
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)(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: Jose M. Sanabia **Jose M. Sanabia**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-355-1212
Daytime Phone #