

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121072

Entity Name: ZAP TRANSPORT INC.

FILED
Jul 10, 2008
Secretary of State

Current Principal Place of Business:

30500 SW 194TH AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

30500 SW 194TH AVE
HOMESTEAD, FL 33030

New Mailing Address:

PO BOX 227728
MIAMI, FL 33222

FEI Number: 02-0605188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANABIA, JOSE M
30500 SW 194TH AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: SANABIA, JOSE M
Address: 30500 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: PORTAL, MIGUEL L
Address: 30500 SW 149TH AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M SANABIA

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07/10/2008

Electronic Signature of Signing Officer or Director

_____ Date