

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90278 037 \*\*\*150.00

**DOCUMENT # P02000007070**

1. Entity Name  
**ARIES TRANSPORTATION CORP.**



Principal Place of Business

**1876 SW 10 STREET  
MIAMI, FL 33135**

Mailing Address

**1876 SW 10 STREET  
MIAMI, FL 33135**

**54045764**

2. Principal Place of Business

**8401 SW 107 AVE**

3. Mailing Address

**8401 SW 107 AVE**

Suite, Apt. #, etc.

**# 257-E**

Suite, Apt. #, etc.

**# 257-E**

04132004

Chg-P

CR2E034 (10/03)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**41-2025187**

Applied For

Not Applicable

Zip

**33173**

Country

**USA**

Zip

**33173**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ECHAVE, WALTER N  
1876 SW 10 STREET  
MIAMI, FL 33135**

7. Name and Address of New Registered Agent

Name **WALTER N. ECHAVE**

Street Address (P.O. Box Number is Not Acceptable)

**8401 SW 107 AVE**

**# 257-E**

City **MIAMI**

**FL**

Zip Code

**33173**

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.

**WALTER N ECHAVE**

SIGNATURE **Walter N. Echave**

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**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **ECHAVE, WALTER N**  
STREET ADDRESS **1876 SW 10 STREET**  
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **VD** ☒ Delete  
NAME **HERRERO, LAURA B**  
STREET ADDRESS **1876 SW 10 STREET**  
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **WALTER N. ECHAVE**  
STREET ADDRESS **8401 SW 107 AVE**  
CITY-ST-ZIP **# 257-E MIAMI - FL 33173**

TITLE **LAURA B. HERRERO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8401 SW 107 AVE**  
CITY-ST-ZIP **# 257-E MIAMI FL 33173**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**WALTER N. ECHAVE**

SIGNATURE: **Walter N. Echave**

**PRESIDENT**

**04/13/04**

**(786) 286-8166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #