



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90085 037 ***150.00

DOCUMENT # P02000050436 1. Entity Name B&E TRANSPORTATION, INC.					
Principal Place of Business P.O. BOX 5647 CLEARWATER, FL 33758-5647				Mailing Address 8325 BAY POINT DR TAMPA, FL 33615	
2. Principal Place of Business - No P.O. Box # 8325 Bay Pointe Drive		3. Mailing Address 8325 Bay Pointe Drive		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">40046838</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> 03132007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc. Apt 107		Suite, Apt. #, etc. Apt 107			
City & State Tampa, Florida		City & State Tampa, Florida			
Zip 33615-5531	Country USA	Zip 33615-5531	Country USA		
4. FEI Number 03-0466019				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 ARCISZEWSKA-CHISSUS, ELZBIETA 8325 BAY POINTE DR APT 107 TAMPA, FL 33615				7. Name and Address of New Registered Agent Name Elzbieta Zamora Street Address (P.O. Box Number is Not Acceptable) 8325 Bay Pointe Drive, Apt 107 City Tampa FL Zip Code 33615-5531	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCISZEWSKI, ELZBIETA 308 AVANDA COURT, APT 3 CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARCISZEWSKI, BARTLOMIEJ 9808 BIRCH WAY TAMPA, FL 33635	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Bartlomiej Arciszewski 308 Avanda Court, Apt 3 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Elzbieta Zamora</u>		3/13/07		727.487.3761	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	