

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90059 031 \*\*\*150.00

<b>DOCUMENT # P02000050436</b> 1. Entity Name <b>B&amp;E TRANSPORTATION, INC.</b>					
Principal Place of Business <b>8325 BAY POINT DR APT 107 TAMPA, FL 33615-5531</b>			Mailing Address <b>8325 BAY POINT DR APT 107 TAMPA, FL 33615-5531</b>		
2. Principal Place of Business - No P.O. Box # <b>8752 Huntfield Street</b>		3. Mailing Address <b>8752 Huntfield Street</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa Florida</b>		City & State <b>Tampa Florida</b>		4. FEI Number <b>03-0466019</b>	
Zip Country <b>33635-1518 USA</b>		Zip Country <b>33635-1518 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZAMORA, ELZBIETA 8325 BAY POINTE DR APT 107 TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name <b>ZAMORA, ELZBIETA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8752 Huntfield Street</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33635</b>		
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 <u><i>Elzbieta Zamora</i></u> <b>Elzbieta Zamora</b> <span style="float: right;">4/08/2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZAMORA, ELZBIETA 8325 BAY POINT DR, APT 107 TAMPA, FL 33615531</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, T ZAMORA, ELZBIETA 8752 HUNTFIELD STREET TAMPA, FL 33635-1518</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS ARCISZEWSKI, BARTLOMIEJ 308 AVANDA COURT, APT 3 CLEARWATER, FL 33756</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, S ARCISZEWSKI, BARTLOMIEJ 7210 N. Manhattan Avenue, Apt 2122 TAMPA, FL 33614</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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><i>Elzbieta Zamora</i></u> <b>ELZBIETA ZAMORA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/08/2008 727.487.3761 <small>Date Daytime Phone #</small>		