

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90008 036 \*\*\*150.00

**DOCUMENT # P02000052031**

1. Entity Name  
E. SUAREZ, TRANSPORT, INC.



Principal Place of Business

914 N UNION CIRCLE  
DELTONA, FL 32725

Mailing Address

914 N UNION CIRCLE  
DELTONA, FL 32725

44040690



**DO NOT WRITE IN THIS SPACE**

03202003 No Chg-P CR2E034 (10/03)

4. FEI Number  
02-0609253

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, EFRAIN  
914 N UNION CIRCLE  
DELTONA, FL 32725

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-04

**FILE NOW!!! FEE IS \$588.00 150**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
SUAREZ, EFRAIN  
914 N UNION CIRCLE  
DELTONA, FL 32725

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
SUAREZ, MARIA D  
914 N UNION CIRCLE  
DELTONA, FL 32725

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-04