FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90182 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060260

1. Entity Name
GREIBY TRANSPORTATION, INC.

50048205
5004820 5

03212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8897 N.W. 174TH TERR. MIAMI, FL 33018	1800 W. 49 ST. 201 HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
7837 Venture Center Way	
Suite, Apt. #, etc. # 5201	Suite, Apt. #, etc.
City & State Boyton Beach	City & State
Zip 33437 Country USA	Zip Country

4. FEI Number 75-3064987 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENAHEM, LOURDES 8897 N.W. 174TH TERR. MIAMI, FL 33018	Name Menahem, Lourdes Street Address (P.O. Box Number is Not Acceptable) 7837 Venture Center Wy #5201 City Boyton Beach FL Zip Code 33437

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 Lourdes Menahem 4/25/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD MENAHEM, LOURDES 8897 N.W. 174TH TERR. MIAMI, FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Menahem, Lourdes 7837 Venture Center Way #5201 Boyton Beach, Fl. 33437	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Lourdes Menahem Lourdes Menahem, Pres. 4/25/05 (786) 252-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #