2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 29, 2004 08:00 AM **DOCUMENT # P02000065544** 1. Entity Name **Secretary of State** 3-SISTERS TRANSPORT, INC. Principal Place of Business Mailing Address 1900 E. 1ST AVE. 1900 E. 1ST AVE. HIALEAH, FL 33010 HIALEAH, FL 33010 No Chg-P CR2E034 (10/03) 02042004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1966675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELLO, ARELYS G DO NOT WRITE 1900 E. 1ST AVE. HIALEAH, FL 33010 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSD** TITLE BELLO, ARELYS G NAME STREET ADDRESS 1900 E. 1ST AVE. CITY-ST-ZIP HIALEAH, FL 33010 40438 34/29/04-90161-024 150.00 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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