

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000067514  
 1. Entity Name  
 LA MERCED TRANSPORT, INC.



Principal Place of Business 5755 NW 115 COURT # 106 MIAMI, FL 33178	Mailing Address 2307 DOUGLAS ROAD SUITE 400 MIAMI, FL 33145--305
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07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3652443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 IDA C OVIES CPA, P.A.  
 2307 DOUGLAS ROAD  
 SUITE 400  
 MIAMI, FL 33145

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S ESPANA, VICTOR H 5755 NW 115 COURT #106 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTRELLA CHAVEZ, MARIA T 5755 NW 115 COURT #106 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000163905  
 07/07/04-80024-006 150.00

**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)(f), 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: Victor Espana 7/01/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #