

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000075334**

1. Entity Name  
**ALLSTATES TRANSPORTATION & LOGISTICS INC.**



Principal Place of Business  
**7031 GRAND NATIONAL  
#100  
ORLANDO, FL 32819**

Mailing Address  
**1289 S. KIRKMAN RD.  
2165  
ORLANDO, FL 32811**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**06-1638649**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SIDNEI, FRANCISCO  
1289 S. KIRKMAN RD., #2165  
ORLANDO, FL 32811**

**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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/10/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
**DPST  
FRANCISCO, SIDNEI  
1289 S. KIRKMAN RD. APT. 2165  
ORLANDO, FL 32811**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**1100000124250  
04/22/04-80038-002 150.00**

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/10/04 407-342.61.20**