

**2004 FOR PROFIT CORPORATION<sup>4</sup>  
ANNUAL REPORT**

6/25/04

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 038 \*\*\*150.00

**DOCUMENT # P02000093051**

1. Entity Name  
**INLINE TRANSPORT, INC.**



Principal Place of Business  
**17424 NW 62 PLACE  
MIAMI, FL 33015**

Mailing Address  
**17424 NW 62 PLACE  
MIAMI, FL 33015**

**66430713**



06222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**54-2070020**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**MORENO, LUIS  
17424 NW 62 PLACE  
MIAMI, FL 33015**

**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 replacing)

DATE

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  
**D  
MORENO, LUIS  
17424 NW 62 PLACE  
MIAMI, FL 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 #

*DUPLICATE LETTER*

*Attachment*

*66430713*

**INLINE TRANSPORT, INC.  
17424 NW 62 PLACE  
Miami, FL 33015**

June 11<sup>th</sup> 2004

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: INLINE TRANSPORT, INC.

DOCUMENT#: P02000093051

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
Luis Moreno

LM/re