FOR PROFIT CORPORATION WUNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098108 1. Entity Name

48 STATES TRANSPORT CORP.



FILED 03 DEC -9 PM 11: 46

| D | O NOT WRITE | | PAC | E | JECRETARY L. GIAG FALLAHASSEE, FLORIDA |
|--|--|--|----------------|---|--|
| 2. Principal Place of Business 11350 NW S. RIVER DR. Suite, Apt. #, etc. | | 3. Mailing Address 11350 NW S. RIVER DR. Suite, Apt. #, etc. | | ₹. | DO NOT WRITE IN THIS SPACE |
| LOT# 1 City & State MEDLEY, FL | | LOT# 1 City & State MEDLEY, FL | | | 4. FEI Number Applied For Not Applicable |
| Zip 33178 | 8 Country Zip 33178 | | | | 5. Certificate of Status Desired See Required 5. |
| | | | | 3 | 7. Name and Address of Current Registered Agent ETH ALVAREZ |
| DO NOT WRITE IN THIS SPACE | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 11350 NW S. RIVER DR. LOT# 1 | |
| | | | | City MEDLEY FL 33178 stered office or registered agent, or both, in the State of Florida. I am familiar with, and acc | |
| | nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o | f State | | *************************************** | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND DIRECTORS (P/D) LISBETH ALVAREZ 11350 NW S. RIVER DR. LOT#1 MEDLEY, FL 33178 | | ST | LE AME REEF AODRESS TY-ST-ZIP | 01/10/09-1004-1004-100-300.00 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NV SI CI | TLE AME TREET ADURESS TY: ST-ZIP | 200026873982 01/13/04-01084006 **300.00 |
| TITLE NAME | | | 86 N | TLE AME TREET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | S C | ITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY ST-ZP

CITY-S1-ZP

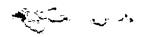
NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP



TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CØRDIALLY,

LISBETH ALVAREZ

Kisbeth Alvares

PRESIDENT