## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 08:00 AM Secretary of State

| DOCUMENT # P02000105661  1. Entity Name MVA TRANSPORT, CORP.  |   |   |  | Secretary of State                        |
|---|---|---|--|---|
| Principal Plac<br>12404 SW 2<br>MIAMI, FL 3   | 52 TERR   | Mailing Address<br>12404 SW 252 TERR<br>MIAMI, FL 33032 |  |   |
|   | O NOT WOITE                                     | IN THIC COA   | oe-  | 01132004 No Chg-P CR2E034 (10/03)         |
| DO NOT WRITE IN THIS SPAC   |   |   | 4. FEI Number Applied For 74-3062525 Not Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent   |   |   |  | ree requireu                              |
| VEGA, ANGEL<br>12404 SW 252 TERR<br>MIAMI, FL 33032   |   |   |  | DO NOT WRITE<br>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 pointed name of registered agent and title if applicable  (NOTE. Registered Agent signature required when reinstating)  DATE  |   |   |  |   |
| After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to  |   |   |  | .00 May Be<br>ed to Feas                  |
| 110.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | P VEGA, ANGEL 12404 SW 252 TERR MIAMI, FL 33032 | RECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  | U00000007593<br>01/20/04-80028-019 150.00 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | , <u></u> 2   |  | DO NOT WRITE                              |
| NAME<br>STREET ADDRESS<br>CITY-SY-ZIP   |   |   |  | IN THIS SPACE                             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |  | - ···                                     |
| NAME<br>STREET ADDRESS<br>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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR