


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90030 034 ***150.00

DOCUMENT # P02000110502	
1. Entity Name I & J TRANSPORTATION, INC.	

Principal Place of Business 3600 MYSTIC PT DR UNIT 107 AVENTURA, FL 33180	Mailing Address 3600 MYSTIC PT DR UNIT 107 AVENTURA, FL 33180
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0671618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE, FL 33311

7. 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.
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SIGNATURE *Ilan Kowalsky* **Ilan Kowalsky President** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKY, ILAN 3600 MYSTIC PT DR UNIT 107 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP Jonathan Kowalsky 3600 MYSTIC Pointe Dr. Apt 107 Miami, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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.
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SIGNATURE: *Ilan Kowalsky* **Ilan Kowalsky** **3/8/04** **305-809995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #