

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90189 005 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** H020002223244  
**1. Entity Name**  
 NYC TRANSPORT, INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6790 SW 6TH ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State	
Zip 33068	Country	Zip	Country

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 05-0542971	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

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

<b>Name</b> LUIS GOMEZ	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6790 SW 6TH ST	
<b>City</b> MARGATE	<b>FL</b> <b>Zip Code</b> 33068

**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** *Luis Gomez* **DATE** 4/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PRESIDENT/DIRECTOR	<b>NAME</b> LUIS GOMEZ
<b>STREET ADDRESS</b> 6790 SW 6TH ST	<b>CITY-ST-ZIP</b> MARGATE, FL 33068
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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**11.**

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Luis Gomez* **DATE** 4/23/04 **Daytime Phone #** (754) 224-1875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR