


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000126261 1. Entity Name H.D.M. TRANSPORT & TOURS SERVICES INC.	
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Principal Place of Business 7513 GARFIELD STREET HOLLYWOOD, FL 33024	Mailing Address 7513 GARFIELD STREET HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3882407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, HARRIS
7513 GARFIELD STREET
HOLLYWOOD, FL 33024

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, HARRIS 7513 GARFIELD STREET HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANNING, DONNA 7513 GARFIELD STREET HOLLYWOOD, FL 33024
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07/19/07-80002-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, and all other like empowered.

SIGNATURE:  **7/16/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #