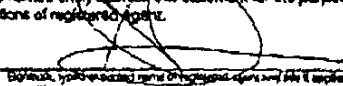
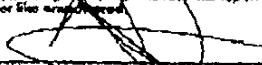


FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 021 ***150.00

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

DOCUMENT # P02000127920			
1. Entity Name ACA TRANSPORTATION CONSULTANTS			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 24 CLEMINTINA CT Suite, Apt. #, etc.		3. Mailing Address CLOSERARDI CPA Suite, Apt. #, etc. 1883 HELEN CT	
City & State PALM COAST FL		City & State MERRICK NY	
Zip 32137	Country USA	Zip 11566	Country USA
4. FEI Number 56-2304616		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name AGUSTIN RODRIGUEZ			
Street Address (P.O. Box Number is Not Acceptable) 24 CLEMINTINA COURT			
City PALM COAST		FL	Zip Code 32137
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 		DATE 5/19/03	
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME AGUSTIN RODRIGUEZ	TITLE	NAME
STREET ADDRESS 24 CLEMINTINA CT	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP PALM COAST FL 32137	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 addendum with an address, with all other filers and shareholders.			
SIGNATURE: 		DATE 5/19/03	

CR2E034B (12/02)