


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90007 028 \*\*\*150.00

<b>DOCUMENT # P03000003200</b> 1. Entity Name <b>HAMTOR TRANSPORTATION INC.</b>			
Principal Place of Business <b>17021 N BAY RD #606 SUNNY ISLE, FL 33160</b>		Mailing Address <b>17021 N BAY RD #606 SUNNY ISLE, FL 33160</b>	
2. Principal Place of Business <b>200 NE 12 AVE</b> Suite, Apt. #, etc. <b>B-C</b>		3. Mailing Address <b>200 NE 12 AVE</b> Suite, Apt. #, etc. <b>B-C</b>	
City & State <b>Hallandale Beach FL</b> Zip <b>33009</b> Country <b>Broward</b>		City & State <b>Hallandale Beach FL</b> Zip <b>33009</b> Country <b>Broward</b>	
4. FEI Number <b>55-0814178</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ABREU, GLADYS 17021 N BAY RD #606 SUNNY ISLE, FL 33160</b>		7. Name and Address of New Registered Agent Name <b>Jose Miguel Abreu</b> Street Address (P.O. Box Number is Not Acceptable) <b>2326 NW 189 Avenue</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33029</b>	
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 <i>Jose Miguel Abreu</i> <b>Jose M. Abreu - President</b> <b>4-14-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABREU, GLADYS 200 NE 12TH AVENUE HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Juan R. Martinez 3183 West 72 street Hialeah FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABREU, JOSE M 2326 NW 189TH AVENUE HOLLYWOOD, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose M. Abreu 2326 NW 189 Ave Hollywood FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jose Miguel Abreu</i> <b>Jose M. Abreu</b>		Date <b>4-14-04</b> Daytime Phone # <b>786-255-3737</b>	

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