

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90098 046 ***150.00

DOCUMENT # R03000024525

1. Entity Name
J.T.S. TRANSPORT INC.



Principal Place of Business
1298 WEST 79TH STREET
HIALEAH, FL 33014

Mailing Address
1298 WEST 79TH STREET
HIALEAH, FL 33014

60040743



2. Principal Place of Business

3. Mailing Address

49 NE 22 ST

49 NE 22 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162006

Chg-P

CR2E034 (11/05)

City & State
MIAMI FL

City & State
Miami FL

4. FEI Number
13-4243614

Applied For
Not Applicable

Zip
33137

Country

Zip
33137

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLB, PETER W
49 N.E. 22ND STREET
MIAMI, FL 33127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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
P
KOLB, PETER
49 N.E. 22ND STREET
MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

3055719696

Daytime Phone #