

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90006 037 ***150.00

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1. Entity Name
J.P. TRANSPORT, CORP.



Principal Place of Business
3360 BANKS RD #106
MARGATE, FL 33063

Mailing Address
3360 BANKS RD #106
MARGATE, FL 33063

2. Principal Place of Business
361 SW Millard Dr
Suite, Apt. #, etc.

3. Mailing Address
361 SW Millard Dr
Suite, Apt. #, etc.

City & State
Port Saint Lucie FL

City & State
Port Saint Lucie FL

Zip
34953

Country
USA

Zip
34953

Country
USA



02052004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1667059

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAULA, JORGE F
3360 BANKS RD #106
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name
PAULA JORGE F.

Street Address (P.O. Box Number is Not Acceptable)
361 SW Millard Dr

City
Port Saint Lucie FL

Zip Code
34953

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 Jorge F. Paula

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PAULA, JORGE F 3360 BANKS RD #106 MARGATE, FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PAULA JORGE F. 361 SW Millard Dr Port Saint Lucie FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: Jorge F. Paula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #