

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000060658

1. Entity Name
HB TRANSPORTATION SYSTEM, INC.



Principal Place of Business
9140 S. LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025

Mailing Address
9140 S. LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0184861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, HORACE D
9140 S. LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025

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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
After May 1, 2005 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	CEOD BROWN, HORACE D 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, PAULETTE E 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CLIFTON H 3146 NW 68 STREET FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/05-80024-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05
Date

Daytime Phone #