

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 024 ***150.00

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1. Entity Name

CAPITAL TRANSPORTATION & CHB CORP.



Principal Place of Business

3560 NORTHWEST 72 AVENUE
MIAMI FL 33122
US

Mailing Address

3560 NORTHWEST 72 AVENUE
MIAMI FL 33122
US



2. Principal Place of Business - No P.O. Box #

6000 NW 97 Ave.

3. Mailing Address

6000 NW 97 Ave.

Suite, Apt. #, etc.

Suite 9-10

Suite, Apt. #, etc.

Suite 9-10

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

1st MOORE

CR2E034 (10/07)

4. FEI Number

05-0574470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GARY S
4000 HOLLYWOOD BOULEVARD
SUITE 375-SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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 DP ☐ Delete
NAME VIEGAS, MANUEL G
STREET ADDRESS 8925 NW 27TH STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE VST ☐ Delete
NAME RIVERO, IRENE
STREET ADDRESS 8925 NW 27TH STREET
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6000 NW 97 Ave. Suite 9-10
CITY-ST-ZIP Miami, FL 33178

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 6000 NW 97 Ave. Suite 9-10
CITY-ST-ZIP Miami FL 33178

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone

305-597-2300