

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90004 034 \*\*\*150.00

**DOCUMENT # P03000073900**

1. Entity Name  
**ROBERTS TRANSPORT, INC.**



Principal Place of Business Mailing Address  
**1209 28TH AVE. 1209 28TH AVE.**  
**TAMPA, FL 33605 US TAMPA, FL 33605 US**

**54067467**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07282004 Chg-P CR2E034 (10/03)

4. FEI Number  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TESTA, PHILIP J SR**  
**4726-B N. LOIS AVE.**  
**TAMPA, FL 33614**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PARADELA, ROBERTO	
STREET ADDRESS	1209 28TH AVE	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

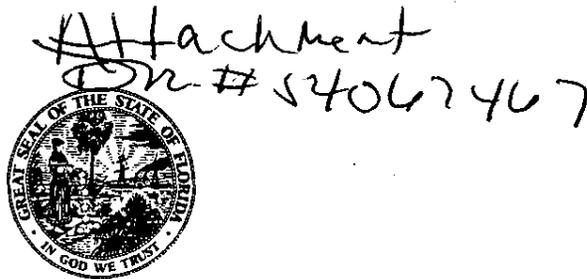
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Roberto Paradelo* **ROBERTO PARADELA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 29, 2004

PJ TESTA ACCOUNTANT  
PO BOX 4562  
TAMPA, FL 33677

SUBJECT: ROBERTS TRANSPORT, INC.  
Ref. Number: P03000073900

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Jeraline Saulsberry  
Document Specialist

Letter Number: 804A00047617

Attachment  
Dr. # 03000073900

**PJT**

**P. J. TESTA**  
**ACCOUNTANT**  
P. O. BOX 4562  
TAMPA, FLORIDA 33677  
ESTABLISHED 1974

813-877-9615

FAX 813-877-3257

1-800-293-7085

JULY 20<sup>TH</sup> 2004

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
P O BOX 6198  
TALLAHASSEE, FLORIDA 32314-6198

DEAR SIR:

PLEASE BE ADVISED THAT THE ATTACHED CORPORATION DID NOT RECEIVE THE ORIGINAL NOTIFICATION FOR THE RENEWAL OF THEIR CORPORATE CHARTER. AFTER SPEAKING WITH YOUR REPRESENTATIVE, I AM INCLUDING A CHECK IN THE AMOUNT OF \$150.00 TO COVER THE COSTS RELATING TO THIS PROCEDURE.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION, I REMAIN,

SINCERELY,

  
P. J. TESTA  
ACCOUNTANT