2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000076613

1. Entity Name SOUTH DIXIE TRANSPORT, INC.



01252007

4. FEI Number

FILED Apr 24, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Applied For

Principal Place of Business

2215 NORTH 20TH AVE HOLLYWOOD, FL 33020 US Mailing Address

2215 NORTH 20TH AVE HOLLYWOOD, FL 33020

US



No Chg-P

그런데 소개를 잃어 가셨다. 그리스의 그림부터 그 바다는				13-42500	30090		[Not Applicable	
		The Partie Section of the Print		5. Certificate of S	tatus Desired		8.75 Additional ee Required	
ORTIZ, JL		stered Agent		DO N	OT WI	RITE		
HOLLYWO	RTH 20TH AVE DOD, FL 33020			IN TH	HIS SPA	ACE		
	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed attice or register	ed agent, or both, ir	n the State of Flori	da. I am fe	amiliar with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution. Trust Fund Contribution.	noing \$5.	00 May Be ed to Fees				
10.	OFFICERS AND DIREC	CTORS				漢的特		
TITLE	P ORTIZ, JULIO					13.50		
NAME STREET ADDRESS	2215 NORTH 20TH AVE							
CITY-ST-ZIP	HOLLYWOOD, FL 33020				້ ທີ່ກວກກາ	72780f		
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STREET ADDRESS	l control of the cont		■446 *3 45 0 **					

12. I hereby certify that the information supplied with this filting does not quality 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

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