

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90088 005 ***150.00

DOCUMENT # P03000082347

1. Entity Name
 MIAMI AUTO-TRANSPORT, CORP.



Principal Place of Business
 221 N.W. 109 AVE. #1
 MIAMI, FL 33172

Mailing Address
 221 N.W. 109 AVE. #1
 MIAMI, FL 33172

44032837



2. Principal Place of Business
 401 NW 109 AVE #1

3. Mailing Address
 401 NW 109 AVE #1

Suite, Apt. #, etc.
 /

02042004 Chg-P CR2E034 (10/03)

City & State
 MIAMI, FL 33172

City & State
 MIAMI, FLORIDA

Zip
 33172

Country
 DADE

Zip
 33172

Country
 DAD

4. FEI Number
 16-1878090

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 E & V GREAT PROFESSIONAL, INC.
 6216 S.W. 8 ST.
 MIAMI, FL 33144

7. Name and Address of New Registered Agent
 Name
 CECILIA ROJAS
 Street Address (P.O. Box Number is Not Acceptable)
 401 NW 109 AVE #1
 City
 MIAMI FL Zip Code
 33172

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: *Cecilia F. Rojas* VICE PRESIDENT Cecilia F. ROJAS x 4/13/04

(NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS, REILE 401 N.W. 109 AVE., #1 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROJAS, CECILIA F 401 N.W. 109 AVE., #1 MIAMI, FL 33172 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Cecilia F. Rojas* x 4/13/04 (305) 487-6278

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