2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000092251 01-14-2008 90100 034 ***150.00 1. Entity Name MTA TRANSPORT, INC. Principal Place of Business Mailing Address 40000-140 NW 87TH AVE, G-212 140 NW 87TH AVE, G-212 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0174787 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA-MAILI-Street Address (P.O. Box Number is Not Acceptable) 7001 W. 35 AVE. **SUITE: 240** HIALEAH, FL 33018 Zip Code FL 8. The above named entity subjects 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 reinstating) name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD TITLE Change ☐ Addition TITLE **Delete** HERRERA, MAILI NAME NAME STREET ADDRESS STREET ADDRESS 7001 W. 35 AVE. STE: 240 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change REMEDIOS, NOEL NAME STREET ADDRESS STREET ADDRESS 140 NW 87TH AVE, G-212 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 director that I am an officer or director of the corporation or the receiver or director of the corporation or the receiver of director of the corporation of the corporation of the receiver of the corporation of the corporation

TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 14, 2008 8:00 am