

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90051 013 \*\*\*163.75

<b>DOCUMENT # P03000121444</b>					
<b>1. Entity Name</b> TICAL INTERNATIONAL TRANSPORTATION, INCORPORATED					
<b>Principal Place of Business</b> 4775 COLLINS AVENUE GREEN DIAMOND, UNIT 1201 MIAMI BEACH, FL 33140			<b>Mailing Address</b> TRANSPORTES INT.TICAL S.A. JBC SJO #1425 P.O. BOX 02540 MIAMI, FL 33102		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> Transportes Int. Tical S.A.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 51-0503916	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROBINSON, RAYMOND L ESQ. ROBINSON & ASSOCIATES, P.A. 1501 VENERA AVENUE, SUITE 300 CORAL GABLES, FL 33146			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>RAMIREZ, LUIS A</b> 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201 MIAMI BEACH, FL 33140		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PS</b> <b>RAMIREZ, LUIS G</b> 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201 MIAMI BEACH, FL 33140		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>MAROTO, CLARA I</b> 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201 MIAMI BEACH, FL 33140		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>RAMIREZ, PRISCILLA</b> 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201 MIAMI BEACH, FL 33140		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Luis Alberto Ramirez Vargas</u>			Date <u>January 28, 2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>011-506-437-5706</u>		

40013331



01272005 Chg-P CR2E034 (10/03)

**4. FEI Number**  
51-0503916

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ROBINSON, RAYMOND L ESQ.  
ROBINSON & ASSOCIATES, P.A.  
1501 VENERA AVENUE, SUITE 300  
CORAL GABLES, FL 33146

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**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing** ☒ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

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

**TITLE**  
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**CITY-ST-ZIP**

**VD**  
**RAMIREZ, LUIS A**  
4775 COLLINS AVE. GREEN DIAMOND UNIT 1201  
MIAMI BEACH, FL 33140

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☐ Change ☐ Addition

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**RAMIREZ, LUIS G**  
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**T**  
**MAROTO, CLARA I**  
4775 COLLINS AVE. GREEN DIAMOND UNIT 1201  
MIAMI BEACH, FL 33140

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**V**  
**RAMIREZ, PRISCILLA**  
4775 COLLINS AVE. GREEN DIAMOND UNIT 1201  
MIAMI BEACH, FL 33140

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**SIGNATURE:** Luis Alberto Ramirez Vargas January 28, 2005 011-506-437-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 A

0134162724

400 13381

#P03000121444

Your Telephone Number

Best Time to Call

DATE OF THIS NOTICE: 04-19-2004

EMPLOYER IDENTIFICATION NUMBER: 51-0503916

FORM: SS-4

NOBOD

011 (506) 437-5705

12pm Eastern Time

→ 011-506-437-5706 / Time to call → 11 pm Eastern Time

INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501-0023  
|||||

TICAL INTERNATIONAL TRANSPORTATION  
INCORPORATED  
4775 COLLINS AVE GREEN DIAMOND 1201  
MIAMI BEACH FL 33140