2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver of changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** Mar 31, 2005 08:00 AM DOCUMENT # P03000123392 **Secretary of State** 1. Entity Name LEO TRANSPORT DRIVERS SERVICES, INC. Principal Place of Business Mailing Address 3910 N.W. 27 STREET MIAMI FL 33142 3910 N.W. 27 STREET MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 57-1192616 Not Applicable Zip Country Country \$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 Name LUIS ROSSI, JUAN Street Address (P.O. Box Number is Not Acceptable) 3910 NW 37 ST MIAMI FL 33142 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE THEE ☐ Change Addition LUIS, ROSSI NAME NAME *U00000282058* 03/31/05-80027-016 150.00 STREET ADDRESS 3910 NW 27TH STREET STREET ADDRESS CITY - ST - ZIP MIAMI FL 33142 CITY-ST-ZIP ☐ Delete 3,00 Change Addition TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY- ST-7IP City-St-7P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SI-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CHY-ST-ZIP 1511 8 Delete TITLE Change ☐ Addition NAME STREET ACCRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILF Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplied a 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

Data

Daytime Phone #