


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138042		
1. Entity Name GATEWAY LOGISTIC TRANSPORT, INC.		

Principal Place of Business 13925 SW 160 TER MIAMI, FL 33177	Mailing Address 13925 SW 160 TER MIAMI, FL 33177
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2. Principal Place of Business 13927 SW 152 ST Suite, Apt. #, etc. 344	3. Mailing Address 13927 SW 152 ST Suite, Apt. #, etc. 344
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City & State MIAMI - FL	City & State MIAMI FL
Zip 33177	Country USA

6. Name and Address of Current Registered Agent MONSANTO, ALEJANDRO 13925 SW 160 TER MIAMI, FL 33177		7. Name and Address of New Registered Agent Name BERTALINA MONSANTO LEDO Street Address (P.O. Box Number is Not Acceptable) 13927 SW 152 ST # 344 City MIAMI FL Zip Code 33177	
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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 obligation of registered agent. SIGNATURE: X B. Monsanto	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONSANTO, ALEJANDRO 13925 SW 160 TER MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEON, LISMARY 13925 SW 160 TER MIAMI, FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) BERTALINA MONSANTO LEDO <input type="checkbox"/> Change <input type="checkbox"/> Addition 13927 SW 152 ST # 344 MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000036067040 05/11/04--01028--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X B. Monsanto	05/04/04 305 2389722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED
04 MAY -5 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0276022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	