

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-08-2005 90053 004 ***150.00

DOCUMENT # P03000141636			
1. Entity Name ABC SOUTHLAND TRANSPORTATION, INC.			
Principal Place of Business 10936 PRAIRIE HAWK DRIVE ORLANDO, FL 32837		Mailing Address 10936 PRAIRIE HAWK DRIVE ORLANDO, FL 32837	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03302005		Chg-P CR2ED34 (10/03)	
4. FEI Number 20-0523609		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	
HERSTIG, ALEJANDRO 10936 PRAIRIE HAWK DRIVE ORLANDO, FL 32837		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 relocating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT HERSTIG, ALEJANDRO 10936 PRAIRIE HAWK DRIVE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		APRIL 5 - 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date Daytime Phone #	

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