

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90186 045 ***150.00

DOCUMENT # P04000015913

1. Entity Name
MUSASHI TRANSPORT INC.



Principal Place of Business

**9561 W FERN LANE
MIRAMAR, FL 33025**

Mailing Address

**9561 W FERN LANE
MIRAMAR, FL 33025**

50048406

2. Principal Place of Business

14032 SW 160 TERR

3. Mailing Address

14032 SW 160 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005

Chg-P

CR2E034 (10/03)

City & State

MI, MI?

City & State

FL, FL

4. FEI Number

20 06 5437

Applied For

Not Applicable

Zip

A

Country

33177

Zip

FL

Country

33177

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARQUEZ, ROSAIDA
9561 W FERN LANE
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/05

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MARQUEZ, ROSAIDA
9561 W FERN LANE
MIRAMAR, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
MARQUEZ, OSMEL
9561 W FERN LANE
MIRAMAR, FL 33025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Rosaide Marquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

(305) 799-3475

Daytime Phone #