2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000037787

1. Entity Name
VIA GIPSY'S AUTO TRANSPORT INC.

Principal Place of Business	Mailing Address
3823 BELLEWATER BLVD.	3823 BELLEWATER BLVD.
RIVERVIEW, FL 33569	RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

04052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2446199	Not Applicable

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

6. Name and Address of Current Registered Agent

ZINGARO, VITO
3823 BELLEWATER BLVD.
RIVERVIEW, FL 33569

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IN THIS SPACE**

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000884941 04/17/08-80064-003 150.00

10.	OFFICERS AND DIRECTORS

TITLE	D
NAME	ZINGARO, VITO
STREET ADDRESS	3823 BELLEWATER BLVD.
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	D
NAME	LUGO, INGRID
STREET ADDRESS	3823 BELLEWATER BLVD.
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ INGRID LUGO   4/01/08   813-695-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #