

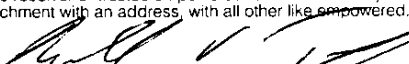


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000041202</b> 1. Entity Name <b>L &amp; S TRANSPORT OF SOUTH FLORIDA, INC.</b>						<b>FILED</b> <b>07 SEP 19 PM 1:33</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>6677 BOSTON DR</b> <b>LANTANA, FL 33462 US</b>				Mailing Address <b>6677 BOSTON DR</b> <b>LANTANA, FL 33462 US</b>			
2. Principal Place of Business - No P.O. Box # <b>6677 BOSTON DRIVE</b>		3. Mailing Address <b>6677 BOSTON DR</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>LANTANA</b>					
City & State <b>LANTANA FL</b>		City & State <b>LANTANA</b>					
Zip <b>33462</b>		Country 		Zip <b>33462</b>		Country 	
4. FEI Number <b>81-0649462</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>TANDY, RONALD V</b> <b>6677 BOSTON DR</b> <b>LANTANA, FL 33462</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: <b>P</b> <input type="checkbox"/> Delete NAME: <b>TANDY, RONALD V</b> STREET ADDRESS: <b>6677 BOSTON DR</b> CITY-ST-ZIP: <b>LANTANA, FL 33462</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>300109874413</b> STREET ADDRESS: <b>09/25/07--01014--012</b> CITY-ST-ZIP: <b>**158.75</b>			
TITLE: <input type="checkbox"/> Delete NAME: <b>VP</b> STREET ADDRESS: <b>TANDY, PAMELA J</b> CITY-ST-ZIP: <b>6677 BOSTON DR</b> <b>LANTANA, FL 33462</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>300109874413</b> STREET ADDRESS: <b>09/25/07--01014--012</b> CITY-ST-ZIP: <b>**400.00</b>			
TITLE: <input type="checkbox"/> Delete NAME: <b>for 9/21</b> STREET ADDRESS: <b></b> CITY-ST-ZIP: <b></b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b></b> STREET ADDRESS: <b></b> CITY-ST-ZIP: <b></b>			
TITLE: <input type="checkbox"/> Delete NAME: <b></b> STREET ADDRESS: <b></b> CITY-ST-ZIP: <b></b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b></b> STREET ADDRESS: <b></b> CITY-ST-ZIP: <b></b>			
TITLE: <input type="checkbox"/> Delete NAME: <b></b> STREET ADDRESS: <b></b> CITY-ST-ZIP: <b></b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b></b> STREET ADDRESS: <b></b> CITY-ST-ZIP: <b></b>			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>10/SEP/07</b> <b>561-707-6858</b> Date Daytime Phone #			