

2005

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 022 ***150.00

DOCUMENT # P04000082600

1. Entity Name
WORK FORCE TRANSPORTATION, INC.

Principal Place of Business Mailing Address
17110 NW 9TH PLACE

MIAMI, FL
33169

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

20033329

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For

59-2074219 Not Applicable

Zip Country Zip Country 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

BARBARA FOUST, CPA
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 2005. Election Campaign Financing \$5.00
After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees
(See criteria on back) Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CARL PASSLEY 17110 NW 9TH PLACE MIAMI, FLORIDA 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Passley* CARL PASSLEY - PRESIDEN 3/15/2005 305-801-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #