

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

09 MAR 27 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000082600
1. Entity Name
WORK FORCE TRANSPORT ACTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17110 N.W. 9TH PLACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

800147724228
03/27/09--01035--003 **150.00
DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

Zip
33169-5253

Country

4. FEI Number
90-0284366

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BARBARA FOUST

Street Address (P.O. Box Number is Not Acceptable)
3401 N.W. 202ND STREET

City
MIAMI GARDENS

State
FL

Zip Code
33056

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT CARL PASSLEY 17110 N.W. 9TH PLACE MIAMI, FL 33169</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  CARL PASSLEY - PRESIDENT 3/17/2009 305-621-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #