

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

ATX1

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 PM 2:43

DOCUMENT # *P04008082600*

1. Entity Name
WORK FORCE TRANSPORT, 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. |
|---|---|

DO NOT WRITE IN THIS SPACE

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|---------------------------|--------------|-----------------------------|--|
| City & State MIAMI, FL | City & State | 4. FEI Number 90-0284366 | Applied For Not Applicable |
| Zip 33169-5253 | Country | Zip Country | 5. Certificate of Status Desired <input type="checkbox"/> \$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 **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 _____

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

**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 | PRESIDENT CARL PASSLEY 17110 N.W. 9TH PLACE MIAMI, FL 33169 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600180620616 05/10/10--01005--011 *\$150.00 |
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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* CARL PASSLEY - PRESIDENT 3/17/2009 305-621-9715

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