

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000084419

1. Entity Name  
SAN LUIS TRANSPORTATION, INC



Principal Place of Business  
105 GREEN COVE CT  
KISSIMMEE, FL 34743

Mailing Address  
105 GREEN COVE CT  
KISSIMMEE, FL 34743

**DO NOT WRITE IN THIS SPACE**

1/1

**FILED  
Feb 12, 2007 8:00 am  
Secretary of State**

01-17-2007 90049 026 \*\*\*150.00



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1177628	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NACIF, LUIS F  
105 GREEN COVE CT  
KISSIMMEE, FL 34743

**DO NOT WRITE  
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

*PRESIDENT*  
Signature of registered agent or registered office of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

01-01-07

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME NACIF, LUIS F  
STREET ADDRESS 105 GREEN COVE CT  
CITY-ST-ZIP KISSIMMEE, FL 34743

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Luis F. Nacif*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-07 (407) 791-8674

Date

Daytime Phone #