


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1/1

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

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

<b>DOCUMENT # P04000084419</b> 1. Entity Name <b>SAN LUIS TRANSPORTATION, INC</b>	
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Principal Place of Business <b>105 GREEN COVE CT</b> <b>KISSIMMEE, FL 34743</b>	Mailing Address <b>105 GREEN COVE CT</b> <b>KISSIMMEE, FL 34743</b>
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01032007 No Chg-P CR2E034 (11/05)

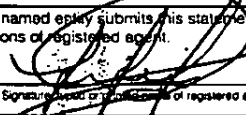
4. FEI Number <b>20-1177628</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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** DATE: **01-07-07**

Signature of President or Treasurer of registered agent and see if applicable. (NOTE: Registered Agent signature required when renewing)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NACIF, LUIS F</b> <b>105 GREEN COVE CT</b> <b>KISSIMMEE, FL 34743</b>
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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** DATE: **02-09-07** DAYTIME PHONE: **(407) 791-8674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR