

Apr 26 2005 14:34

BARRY R STOUFFER, C.P.A.,

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90516 031 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000112854 1. Entry Name WOLF TRANSPORTATION, INC.																					
Principal Place of Business 5840 STERLING ROAD #153 HOLLYWOOD, FL 33021 US		Mailing Address 5840 STERLING ROAD #153 HOLLYWOOD, FL 33021 US																			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																			
4. FEE Number 86-1113003		Applied For Vol Applicable																			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent GREENFIELD, RENA 5840 STERLING ROAD #153 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code																			
8. The above named entry 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 of officer or director or a registered agent with a seal and notary Public (If Officer/Registered Agent signature required when registering)																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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)(b), 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 sole owner or trustee employee or to execute this report as required by Chapter 067, 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 employees.																					
SIGNATURE: <u><i>Rena Greenfield</i></u> DATE: <u>4/28/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR																					

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