

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90219 028 ***158.75

DOCUMENT # P04000120330					
1. Entity Name BIG CITY TRANSPORT, INC					
Principal Place of Business PO BOX 260901 PEMBROKE PINES, FL 33026			Mailing Address PO BOX 260901 PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1431340	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIMAN, JEFFREY 11893 SW 12TH STREET BLDG 94 PEMBROKE PINES, FL 33025			7. Name and Address of New Registered Agent Name <u>HOLLIMAN, JEFFREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>8407 S.W. 5 STREET APT 202</u> City <u>PEMBROKE PINES</u> <u>FL</u> Zip Code <u>33025</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME HOLLIMAN, JEFFREY STREET ADDRESS 11893 SW 12TH STREET BLDG 94 CITY - ST - ZIP PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE T NAME ISRAEL GARCIA STREET ADDRESS 1844 TAFT STREET CITY - ST - ZIP HOLLYWOOD, FL 33220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME NICHOLSON, ADRIAN STREET ADDRESS 11893 SW 12TH STREET CITY - ST - ZIP PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE M NAME ALEXANDER ADDISON STREET ADDRESS 16501 N.W. 22 AV. CITY - ST - ZIP MIAMI, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME HOLLIMAN, YANEEKE L STREET ADDRESS 11893 S.W. 12TH STREET CITY - ST - ZIP PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		TITLE C NAME CARLOS GUZMAN STREET ADDRESS 20208 N.W. 32 AV. CITY - ST - ZIP MIAMI, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE D NAME CLIVE FRANCIS STREET ADDRESS 5516 N.W. 90 TERR CITY - ST - ZIP SUNRISE, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>JEFFREY HOLLIMAN</u> <u>4/24/07</u> <u>954-793-9750</u> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					