

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120330

Entity Name: BIG CITY TRANSPORT, INC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

8407 SW 5 ST  
202  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 260901  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 20-1431340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLIMAN, JEFFREY  
8407 SW 5 ST APT 202  
PEMBROOKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOLLIMAN, JEFFREY  
Address: 11893 SW 12TH STREET BLDG 94  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP ( ) Delete  
Name: NICHOLSON, ADRIAN  
Address: 11893 SW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete  
Name: HOLLIMAN, YANEEKE L  
Address: 11893 S.W. 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T ( ) Delete  
Name: GARCIA, ISRAEL  
Address: 1844 TAFT ST  
City-St-Zip: HOLLYWOOD, FL 33220

Title: M ( ) Delete  
Name: ADDISON, ALEZANDER  
Address: 16501 NW 22 AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: FRANCIS, CLIVE  
Address: 5516 NW 90 TERR  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY HOLLIMAN

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date