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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ANNUAL
REPORT
2005



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -8 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000000081

1. Corporation Name

LUIS RAVELO TRANSPORT INC

2. Principal Office Address

9037 NW 115 ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HAIALEAH GARDENS, FL

City & State

Zip
33018

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS RAVELO

Street Address (P.O. Box Number is Not Acceptable)

9037 NW 115 ST

Suite, Apt. #, Etc.

City

HAIALEAH GARDENS

State
FL

Zip Code

33018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/1/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	LUIS RAVELO	9037 NW 115 ST	HAIALEAH GARDENS, FL 33018

900058645429
08/16/05--01021--023 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05

Date

(305) 820-8404

Daytime Phone #

CR2E081 (01/05)

PS 2/82

**LUIS RAVELO TRANSPORT INC
9037 NW 115 STREET
HIALEAH GARDENS, FL 33018**

August 1, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: LUIS RAVELO TRANSPORT INC

Dear Sir or Madam:

Please be advised that the above mentioned uniform business report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,


Luis Ravelo
President

LR/rr