## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000107300

Address:

City-St-Zip:

2080 NW 189 TERR

OPA LOCKA, FL 33056

Entity Name: UNTOUCHABLE TRANSPORT, INC.

FILED May 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7636 RAMONA STREET MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** PO BOX 245936 PEMBROKE PINES, FL 33024 FEI Number: 20-3278022 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDS-PUSEY, DOREEN 7636 RAMONA STREET MIRAMAR, FL 33023 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition RICHARDS-PUSEY, DOREEN Name: Name: 7636 RAMONA STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: DV Title: () Change () Addition () Delete ADAMSON, STEPHEN J Name: Name: 7636 RAMONA STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: Title: DS ( ) Delete () Change () Addition BROWN, LYNFORD Name: Name: 99 ST PAUL TOWER BEAUMONT RD Address: Address: City-St-Zip: LONDON ENGLAND, XX City-St-Zip: Title: DY () Delete Title: () Change () Addition ADAMSON, HAZEL Name: Name:

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.

Address:

City-St-Zip:

	SIGNATURE: DOREEN RICHARDS-PUSEY	DP	05/01/2007
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