

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90208 011 \*\*\*150.00

**DOCUMENT # P05000134471**

1. Entity Name  
**JUNIOR'S TRANSPORT, INC.**



Principal Place of Business  
**15225 SW 99TH CT.  
MIAMI, FL 33157**

Mailing Address  
**15225 SW 99TH CT.  
MIAMI, FL 33157**

40071000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-3567840**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**LOPEZ, BARBARA S  
12131 SW 181 ST  
MIAMI, FL 33177**

## 7. Name and Address of New Registered Agent

Name  
**BARBARA S. LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**15225 S.W. 99 COURT**  
City  
**MIAMI** FL Zip Code  
**33157**

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

*[Signature]*

**BARBARA S. LOPEZ**

**3-3-07**

Signature, typed or printed name of registered agent, and title if applicable.

(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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, BARBARA S	
STREET ADDRESS	12131 SW 181 ST	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MACHADO, JUNIOR L	
STREET ADDRESS	12131 SW 181 ST	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA S. LOPEZ	
STREET ADDRESS	15225 S.W. 99 COURT	
CITY-ST-ZIP	MIAMI-FL 33157	
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNIOR LOPEZ MACHADO	
STREET ADDRESS	15225 S.W. 99 COURT	
CITY-ST-ZIP	MIAMI-FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]*

**BARBARA S. LOPEZ**

**3-3-07**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #