

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90105 001 \*\*\*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

2. Principal Place of Business - No P.O. Box #  
740 SE 5<sup>th</sup> Place

3. Mailing Address  
740 SE 5<sup>th</sup> Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-P

CR2E034 (12/06)

City & State  
Hialeah Florida  
Zip 33010 Country USA

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Hialeah Florida  
Zip 33010 Country USA

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  
15225 SW 99 COURT  
MIAMI, FL 33157

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME LOPEZ, BARBARA S  
STREET ADDRESS 15225 SW 99 COURT  
CITY-ST-ZIP MIAMI, FL 33157

TITLE DST ☐ Delete  
NAME MACHADO, JUNIOR M  
STREET ADDRESS 15225 SW 99 COURT  
CITY-ST-ZIP MIAMI, FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-08

Date

305-801-7618

Daytime Phone