2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000145323

1. Entity Name

JEJ TRANSPORT, INC.

Principal Place of Business	Mailing Address
1269 JACKPINE ST. WELLINGTON, FL 33414	1269 JACKPINE ST. WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

04052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
54-2186449	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE F
1269 JACKPINE ST
WELLINGTON, FL 33414

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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, 2007 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ALVAREZ, JOSE F
STREET ADDRESS	1269 JACKPINE ST.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	ALVAREZ, BARBARA
STREET ADDRESS	1269 JACKPINE ST
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80046-014 150.00

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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: Jose F Alvarez   JOSE F ALVAREZ   President 4-5-07 (561) 676-7976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #