

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000012986

1. Entity Name
LEIVA TRANSPORT INC



FILED

2008 JAN 18 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7738 NW 201 TERR
MIAMI, FL 33015

Mailing Address
7738 NW 201 TERR
MIAMI, FL 33015

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

2500 N.W. 79 Avenue

3. Mailing Address

2500 N.W. 79 Avenue

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

Zip

33122

Country

01152008

Chg-P

CR2ED34 (12/06)

08

4. FEI Number
20-4208079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIVA, ALEX
7738 NW 201 TERR
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name ALEX LEIVA

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

2500 N.W. 79 Avenue Suite 206

City MIAMI

FL

Zip Code 33122

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/08

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 P
NAME LEIVA, ALEX
STREET ADDRESS 7738 NW 201 TERR
CITY-ST-ZIP MIAMI, FL 33015 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME LEIVA, ALEX
STREET ADDRESS 2500 N.W. 79 Ave Suite 206
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Change ☐ Addition
NAME 800117921678
STREET ADDRESS 02/13/08--01005--004 **\$150.00
CITY-ST-ZIP

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

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 supplementary 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 recipient 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 all address, with all other like empowered.

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/15/08