

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 033 ***158.75

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01032007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000028510 1. Entity Name J & B TRANSPORT, INC.			
Principal Place of Business 19440 NW 4 AVENUE MIAMI, FL 33169		Mailing Address 19440 NW 4 AVENUE MIAMI, FL 33169	
2. Principal Place of Business - No P.O. Box # 19440 N.W. 4th AVE. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 693865 Suite, Apt. #, etc.	
City & State Miami, Florida Zip 33169		City & State Miami, Florida Zip 33169	
Country U.S.		Country U.S.	
4. FEL Number 26-0136804		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAKELY, JULIUS 19440 NW 4 AVENUE MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BLAKELY, JULIUS 19440 NW 4 AVENUE MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAKELY, MARTHA 19440 NW 4 AVENUE MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BLAKELY-SMITH, BELINDA C/O 19440 NW 4 AVENUE MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BLAKELY, JEFFERY C/O 19440 NW 4 AVENUE MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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:		2/14/07 305-798-3417 <small>Date Daytime Phone #</small>	