

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90019 044 ***150.00

DOCUMENT # P06000075237

1. Entity Name

SISLEY TRANSPORT CORPORATION



Principal Place of Business

**8260SW 149 CT
105
MIAMI FL 33193**

Mailing Address

**8260SW 149 CT
105
MIAMI FL 33193**



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

4. FEI Number

20-4945698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUIS A. MORALES
8260SW 149 CT
105
MIAMI FL 33193**

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 not required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: MORALES, LUIS A
STREET ADDRESS: 8260SW 149 CT STE. 105
CITY- ST- ZIP: MIAMI FL 33193 ☐ Delete

TITLE: PS
NAME: MORALES, Luis A
STREET ADDRESS: 8260 SW 149 CT Suite 105
CITY- ST- ZIP: MIAMI, FL 33193 ☐ Change ☐ Addition

TITLE: VP
NAME: ALE, BERTHY
STREET ADDRESS: 7439 W. 22AVE STE. 104
CITY- ST- ZIP: HIALEAH FL 33016 ☒ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07 786-232-1292