

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139128

FILED
Mar 01, 2009
Secretary of State

Entity Name: TRANSPORTATION MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

775 SW 189 AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029

Current Mailing Address:

775 SW 189 AVE.
PEMBROKE PINES, FL 33029

New Mailing Address:

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029

FEI Number: 20-5824088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWITT, RICHARD J
2121 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAGILL, PHILLIP
Address: 755 SW 189 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MIRANDA, FRANCIS V
Address: 755 SW 189 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MAGILL, CLAUDIA V
Address: 755 SW 189 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MIRANDA, FRANCIS V
Address: 4540 SW 148TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP MAGILL

D

03/01/2009

Electronic Signature of Signing Officer or Director

_____ Date