

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000145202

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** AIRPORT2PORT INC.

**Current Principal Place of Business:**

3000 E. SUNRUSE BLVD, APT 2A  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

3000 E. SUNRUSE BLVD, APT 2A  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 22-3948832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, CARIDAD  
3000 E. SUNRUSE BLVD, APT 2A  
FT. LAUDERDALE, FL 33304 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MATHEWS, FRANK A  
**Address:** 3000 E. SUNRUSE BLVD, APT 2A  
**City-St-Zip:** FT. LAUDERDALE, FL 33304

**Title:** DRIV  
**Name:** DELGADO, DAMIAN  
**Address:** 1524 LENOX AVE APT 15  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** S  
**Name:** GONZALEZ, CARIDAD  
**Address:** 3000 E. SUNRUSE BLVD, APT 2A  
**City-St-Zip:** FT LAUDERDALE, FL 33304

**Title:** DRIV  
**Name:** DELGADO, COSME  
**Address:** 1475 SE 15TH ST APT 105  
**City-St-Zip:** FT LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK ARTURO MATHEWS

D

05/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date