2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P07000061355

Entity Name: LUIS SILVA TRANSPORT, INC.

Current Principal Place of Business:

719 LORI DRIVE
311
LAKE WORTH, FL 33461

New Principal Place of Business:

5443 CRESTHAVEN BLVD
SUITE # A
WEST PALM BEACH, FL 33415

Current Mailing Address:

719 LORI DRIVE
311
LAKE WORTH, FL 33461

New Mailing Address:

5443 CRESTHAVEN BLVD
SUITE # A
WEST PALM BEACH, FL 33415

FEI Number: 26-0224338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEYVA, LILIAN
719 LORI DRIVE
311
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

LEYVA, LILIAN
5443 CRESTHAVEN BLVD
SUITE # A
WEST PALM BEACH, FL 33415 US

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: LILIAN LEYVA 01/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SILVA, LUIS
Address: 719 LORI DRIVE, #311
City-St-Zip: LAKE WORTH, FL 33461

Title: VP ( ) Delete
Name: LEYVA, LILIAN
Address: 719 LORI DRIVE, #311
City-St-Zip: WEST PALM BEACH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SILVA, LUIS
Address: 5443 CRESTHAVEN BLVD APT # A
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP (X) Change ( ) Addition
Name: LEYVA, LILIAN
Address: 5443 CRESTHAVEN BLVD APT # A
City-St-Zip: WEST PALM BEACH, FL 33415

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: LUIS SILVA P 01/14/2008
Electronic Signature of Signing Officer or Director Date