


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90021 031 \*\*\*158.75

<b>DOCUMENT # P07000062923</b>					
<b>1. Entity Name</b> DENISE TRANSPORT, INC.					
<b>Principal Place of Business</b> 13532 BELLINGHAM DR TAMPA, FL 33625			<b>Mailing Address</b> 13532 BELLINGHAM DR TAMPA, FL 33625		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>6. Name and Address of Current Registered Agent</b>  MERCADO, OSVALDO 13532 BELLINGHAM DR TAMPA, FL 33625				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed, name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PRES	NAME MERCADO, OSVALDO		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13532 BELLINGHAM DR	CITY-ST-ZIP TAMPA, FL 33625		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	NAME MERCADO, RAQUEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13532 BELLINGHAM DR	CITY-ST-ZIP TAMPA, FL 33625		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> SEC	NAME MERCADO, OSVALDO JR		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13532 BELLINGHAM DR	CITY-ST-ZIP TAMPA, FL 33625		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> TREA	NAME MERCADO, RAQUEL		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13532 BELLINGHAM DR	CITY-ST-ZIP TAMPA, FL 33625		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	NAME		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	NAME		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b> _____			4-21-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					