2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State
05-14-2008 90016 009 ***150.00

DOCUMENT # P07000111211

1. Entity Name
DESTINY'S TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
2737 SOUTH OAKLAND FOREST DRIVE APT #202 OAKLAND PARK FL 33309 US	5631 SW 19TH STREET WEST PARK FL 33023 US

Change mailing address

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2737 S. Oakland Forest dr #202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Oakland Pk. Fl
Zip / Country	Zip: 33309 / Country

FEI# 113823387

1st MOORE CR2E034 (10/07)

4. FEI Number: 113823387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DESMOND
2737 SOUTH OAKLAND FOREST DRIVE
APT #202
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

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 required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOWNING, JENNIFER	NAME	
STREET ADDRESS	2737 SOUTH OAKLAND FOREST DRIVE APT#202	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN, DESMOND	NAME	
STREET ADDRESS	2737 SOUTH OAKLAND FOREST DRIVE APT #202	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jennifer Downing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #