

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099166

FILED
Mar 07, 2009
Secretary of State

Entity Name: EWC TRANSPORTATION, INC.

Current Principal Place of Business:

1040 NW 3RD STREET
HALLANDALE, FL 33099 US

New Principal Place of Business:

1040 NW 3RD STREET
HALLANDALE, FL 33009 US

Current Mailing Address:

PO BOX 802208
AVENTURA, FL 33280 US

New Mailing Address:

FEI Number: 26-3699302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC.
550 BILTMORE WAY
MEZZANINE - 200
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: P () Delete
Name: COBA, DAVID
Address: 1040 NW 3RD STREET
City-St-Zip: HALLANDALE, FL 33099 US

Title: VP () Delete
Name: COBA, JOSHUA
Address: 1040 NW 3RD STREET
City-St-Zip: HALLANDALE, FL 33099 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: COBA, DAVID
Address: 1040 NW 3RD STREET
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP (X) Change () Addition
Name: COBA, JOSHUA
Address: 1040 NW 3RD STREET
City-St-Zip: HALLANDALE, FL 33009 US

Title: S () Change (X) Addition
Name: COBA, GALO
Address: 1040 NW 3RD STREET
City-St-Zip: HALLANDALE, FL 33009 US

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: DAVID COBA

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date