

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107412

Entity Name: 50 STATE TRANSPORT. INC

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

8971 S. HOLLYBROOK BLVD
#208
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

8971 S. HOLLYBROOK BLVD
#208
PEMBROKE PINES, FL 33025 US

New Mailing Address:

FEI Number: 26-3852574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL PINO, ARNALDO
8971 S. HOLLYBROOK BLVD
#208
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

DEL PINO, ARNALDO P
8971 S. HOLLYBROOK BLVD
#208
PEMBROKE PINES, FL 33025 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: ARNALDO DEL PINO

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL PINO, ARNALDO
Address: 8971 S. HOLLYBROOK BLVD #208
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP () Delete
Name: DEL PINO, ARNALDO E
Address: 8971 S. HOLLYBROOK BLVD #208
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: T () Delete
Name: DEL PINO, ALFONSO A
Address: 8971 S. HOLLYBROOK BLVD. #208
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ARNALDO DEL PINO

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date