

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100350

Entity Name: FIFO TRANS INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3544 SAINT JOHNS BLUFF RD S  
SUITE#711  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

3544 SAINT JOHNS BLUFF RD S  
SUITE#711  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, MARIO M  
3544 SAINT JOHNS BLUFF RD S  
APT#711  
JACKSONVILLE, FL 32224 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SMITH, MARIO M  
Address: 3544 SAINT JOHNS BLUFF RD S  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: MARIO SMITH

OWNER

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date