

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90010 019 \*\*\*150.00

DOCUMENT # P93000084706

1. Entity Name  
EXCLUSIVE TRANSPORTATION SYSTEMS, INC.



Principal Place of Business

~~9545 NW 13 ST~~  
~~MIAMI, FL 33172~~

Mailing Address

P.O. BOX 521092  
MIAMI, FL 33152

2. Principal Place of Business

8100 NW 29 Street

3. Mailing Address

P.O. Box 522771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012003

Chg-P

CR2E034 (10/03)

City & State

Doral

City & State

MIAMI, FL

4. FEI Number

65-0453683

Applied For

Not Applicable

Zip

FL

Country

MIAMI-Dade

Zip

33152

Country

MIAMI-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDOS, RUBEN  
9545 NW 13 ST  
MIAMI, FL 33172

33122

7. Name and Address of New Registered Agent

Name

RUBEN VALDES

Street Address (P.O. Box Number is Not Acceptable)

8100 N.W. 29 Street

City

Doral

FL

Zip Code

33122

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME VALDES, RUBEN  
STREET ADDRESS 9545 NW 13 ST  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE RUBEN VALDES ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8100 NW 29 STREET  
CITY-ST-ZIP Doral, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/04 (305) 592-8854