

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90013 048 \*\*\*150.00

DOCUMENT # P94000022011

1. Entity Name

ANYWHERE TRANSPORT, INC.



Principal Place of Business

17482 S.W. 35 ST  
MIRAMAR FL 33029  
US

Mailing Address

17482 S.W. 35 ST  
MIRAMAR FL 33029  
US

2. Principal Place of Business

1243 N.W. 179 TERR.

Suite, Apt. #, etc.

3. Mailing Address

1243 N.W. 179 TERR.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PEMBROKE PINES FL.

City & State

PEMBROKE PINES FL.

4. FEI Number

59-3232886

Applied For

Not Applicable

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RILEY, STEVEN P  
333 HENDERSON BLVD  
STE 150  
TAMPA FL 33609

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, 2004 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

TITLE STD ☐ Delete  
NAME ALBERTI, BILLIE  
STREET ADDRESS 17482 S.W. 35 ST  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE DPV ☐ Delete  
NAME ALBERTI, EDWIN C  
STREET ADDRESS 17482 S.W. 35 ST  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☒ Change ☐ Addition  
NAME ALBERTI BILLIE  
STREET ADDRESS 1243 N.W. 179 TERR.  
CITY-ST-ZIP PEMBROKE PINES FL. 33029

TITLE DP ☒ Change ☐ Addition  
NAME ALBERTI EDWIN C.  
STREET ADDRESS 1243 N.W. 179 TERR.  
CITY-ST-ZIP PEMBROKE PINES FL. 33029

TITLE V ☒ Change ☒ Addition  
NAME ELLINGSWORTH JOHN  
STREET ADDRESS 3851 S.W. 160 AVE. APT. 105  
CITY-ST-ZIP MIAMI FL. 33027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

EDWIN ALBERTI PRESIDENT 1-31-04 954-440-8033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #