# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P94000047164

1. Entity Name
SELECT TRANSFER, INC.

Principal Place of Business
7215 NW 41ST ST
BAY I
MIAMI, FL 33166 US

Mailing Address
PO BOX 591392
MIAMI, FL 33159 US

02112005 No Chg-P OR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0502202
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, DANIEL E
7215 NW 41 STREET
UNIT I
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

**FILE NOW!! FEE IS $150.00**
**After May 1, 2005 Fee will be $500.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $3.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | CANAL, MIGUEL J |
| STREET ADDRESS | 155 OCEAN LANE DR, APT 811 |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 |
| TITLE | VP |
| NAME | GUERRA, DANIEL |
| STREET ADDRESS | 155 OCEAN LANE DR # 811 |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 |
| TITLE | S |
| NAME | GUERRA, LILIANA C |
| STREET ADDRESS | 155 OCEAN LANE DR # 811 |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000291111
03/30/05-80046-019 158.75

DO NOT WRITE IN THIS SPACE

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: _____ 2/21/05 305 477 7750
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (B) (SEE INSTRUCTIONS) Date Daytime Phone #