
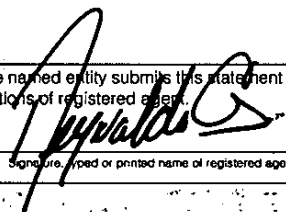
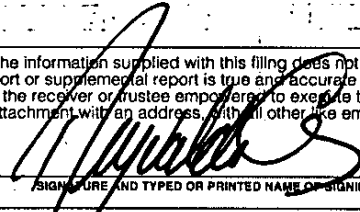


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 014 ***150.00

DOCUMENT # P95000001066 1. Entity Name MIAMI DADE TRANSPORTATION INC.																													
Principal Place of Business 161 NW 29TH STREET MIAMI, FL 33127 US			Mailing Address 161 NW 29TH STREET MIAMI, FL 33127 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0075922																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent CRUZ, REYNALDO 161 NW 29TH STREET MIAMI, FL 33127				7. Name and Address of New Registered Agent Name Reinaldo Cruz Street Address (P.O. Box Number is Not Acceptable) 161 NW 29 Street City Miami FL Zip Code 33127																									
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 2/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRUZ, REYNALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7200 N.W. 19TH ST. SUITE 600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>			TITLE	VD	<input type="checkbox"/> Delete	NAME	CRUZ, REYNALDO		STREET ADDRESS	7200 N.W. 19TH ST. SUITE 600		CITY-ST-ZIP	MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Reinaldo Cruz</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>161 NW 29 St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami FL 33127</td> <td></td> </tr> </table>			TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Reinaldo Cruz		STREET ADDRESS	161 NW 29 St.		CITY-ST-ZIP	Miami FL 33127	
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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: 			DATE: 2/7/05 DAYTIME PHONE: 305 576-0231																										