


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90326 049 ***150.00

DOCUMENT # P95000057140
1. Entity Name
P. AND F. TRANSPORTATION INC.



DO NOT WRITE IN THIS SPACE

50039502

2. Principal Place of Business
2023 North Atlantic Avenue
Suite, Apt. #, etc.
Unit 403
City & State
Cocoa Beach, Florida
Zip
32931 Country

3. Mailing Address
the same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3402170 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street, 4th Floor
City Miami FL Zip Code 33145

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-STATE-ZIP	P Lang, Pearl J 2023 N. Atlantic Ave, #403, Cocoa Beach, FL 32931	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TS Lang, Frank H 2023 N. Atlantic Ave, #403, Cocoa Beach, FL 32931	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DOP Lang, Terrance J 2023 N. Atlantic Ave, #403, Cocoa Beach, FL 32931	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**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(5)(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 on an attachment with an address. I am an officer or trustee.

SIGNATURE Frank H. Lang Frank H. Lang V.P. Terrance 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034B (12/02)