2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90058 024 ***150.00

DOCUMENT # P95000067826

1. Entity Name
PALMETTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
1025 NW 87 AVENUE MEDLEY, FL 33178 US	14171 LEANING PINE DRIVE MIAMIE LAKES, FL 33014 US

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10125 NW 87 Avenue	14171 Leaning Pine Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley, Fl	City & State: Miami Lakes, Fl
Zip: 33178 Country: US	Zip: 33014 Country: USA

4. FEI Number: 59-3332392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELLY, ALBERTO N 14111 LEANING VINE DR. MIAMI LAKES, FL 33014	Name: Bello, Alberto N Street Address (P.O. Box Number is Not Acceptable): 10125 NW 87 Avenue City: Medley FL Zip Code: 33178

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] 2/4/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BELLO, ALBERTO N		NAME	
STREET ADDRESS	14171 LEANING PINE DR.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BELLO, SYLVIA M		NAME	
STREET ADDRESS	14171 LEANING PINE DR.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] 2/4/05 305-885 6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sylvia M Bello