FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 27 1998 8:00am Secretary of State

1. Corporation		# P96 Ansportatio		8204 ((3)							
Principal Place of Business				Mailing Address							ili eigi iesi	
6336 GARVEY DRIVE				6336 GARVEY DRIVE								
NEW PORT RICHEY FL 34652				NEW PORT RICHEY FL 34652								
						_			DO NOT WRITE IN THI	S SPACE		
j									3. Date Incorporated or Qualified			
A D:-1-15	N								02/26/1996			
2. Principal P	race of Busii	<u> </u>	2a. Mailing Address					4. FEI Number	 	pplied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-3360045		ot Applicable	
22				27					5. Certificate of Status Desired		Additional	
City & State				City & State					- Florida		equired	
23				28					Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country			Zip Country								
24	25			29 30				- 1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name	and Address of		tered Agent		<u>, </u>			10. Name and Address of New Registers			
DE	SOSA, JUA	N				81	Name			 -		
6336 GARVEY DRIVE						92	OD Charles Address (DO Doubles to Living and Address (DO Doubles to Living					
NEW PORT RICHEY FL 34652				82			SHEEL	Addres	s (P.O. Box Number is Not Acceptable)		Ī	
			_			83						
						84	FL 85 Zip Co			Code		
11. Pursuant office or r	to the provis	ions of Sections 6	07.0502 and 60 e State of Floric	07.1508, Florida da, Such change	Statules,	the above	e-named o	corpor	ation submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing it	ts registered	
agent. I a	m fam iliar wi	th, and accept the	e obligations of	Section 607.05	05, Floric	da Statutes	i.		To be a second to the second to be a		Togistored	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					··-					
12.	Signature, lyped	or printed name of regis	tered agent and little RS AND DIREC		(NOTE: R	13.	ni signature r	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	10 11 10	
TITLE	D	OFFICE	110 AIND DITIEC	DELE1	TF	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
NAME	DESOSA	.IIJAN				1.2 NAME				Creatige	C. Addition	
STREET ADDRESS	4666 040 000											
CITY-ST-ZIP	NEW PO	34852				1.3 STREET ADDRESS				!!		
TITLE	n n	HI HOHE TE	U4002	☐ DELET	TF.	1.4 CITY-ST 2.1 TITLE	- ZiP			Change	Addition	
NAME	DESOSA	, SANDRA			`-	2.2 NAME	ĺ			Change	L. Addition	
STREET ADDRESS							ADDOCCC					
CITY-ST-ZIP	6336 GARVEY DRIVE NEW PORT RICHEY FL 34652						2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
TITLE	1121110	THE THOUSE I L	7 100L	DELET	E I	3.1 TITLE	I-ZIP			Change	Addition	
NAME						3.2 NAME				பவரும	1 TOURISH	
STREET ADDRESS						3.3 STREET	Innacce					
CITY-ST-ZIP						3.4. CITY-S						
TITLE				☐ DELET	TF.	4.1 TITLE	1-212			Change	Addition	
NAME					-	4. 2 NAME	}			C ontaingo		
STREET ADDRESS						4.3 STREET A	NUMBECC				Ī	
CITY-ST-ZIP						4.4 CITY - ST						
TITLE				DELET	Ē	5.1 TITLE	- 411			Change	Addition	
NAME						5.2 NAME				-10017gD		
STREET ADDRESS						5.3 STREET A	ADDRESS					
CITY-ST-ZIP						5.4 CITY-ST	1					
TITLE				DELET	Ē	6.1 TITLE				Change	Addition	
NAME				_		6.2 NAME						
STREET ADDRESS						6.3 STREET A	DDRESS				ł	
CITY-ST-2IP						6.4 CITY - ST						
	116 41 141											

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 annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address.

2/12/08