

FILED
May 25, 2007 8:00 am
Secretary of State

04-24-2007 90017 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000068212		
1. Entity Name TRANSPORTATION SERVICES UNLIMITED, INC.		
Principal Place of Business 3901 NW 115TH AVENUE MIAMI, FL 33178 US		Mailing Address 3901 NW 115TH AVENUE MIAMI, FL 33178 US
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired ☐		4. FEI Number 65-0688022 Applied For Not Applicable
6. Name and Address of Current Registered Agent NAMOFF, ROBERT 3901 NW 115TH AVENUE MIAMI, FL 33178		CR2E034 (11/05) \$8.75 Additional Fee Required
8. The above named entity submits the 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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NAMOFF, ROBERT 3901 NW 115TH AVENUE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBIN, RONALD 13550 SW 61 COURT MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, JAMES 3901 NW 115 AVE. MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOVEN, MICHAEL 3901 NW 115 AVE. MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		