

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91881 045 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9700004967

1. Entity Name
P & S TRANSPORT, INC.



Principal Place of Business
 14535 SW 168 STREET
 MIAMI, FL 33177

Mailing Address
 13727 SW 158TH ST.
 #306
 MIAMI, FL 33177

New Address below.

2. Principal Place of Business
 14482-SW-168-ST
 Suite, Apt. #, etc.
 Miami Florida
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip
 33177 Country
 USA

Zip
 Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEDRERA, CESAR J
 14482 SW 168 STREET
 MIAMI, FL 33177

4. FEI Number
65-0719177

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 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-ST-ZIP | D <input type="checkbox"/> Delete PEDRERA, CESAR 14482 SW 168 STREET MIAMI, FL 33177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PEDRERA, EDELMIRA 14482 SW 168 STREET MIAMI, FL 33177 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Edelmira Pedraza* *Edelmira Pedraza* 4-29-03 305-7334484
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)