2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021240

14095 STATE RD7

DELRAY BCH, FL 33446

Address:

City-St-Zip:

FILED Apr 20, 2005 Secretary of State

Entity Name: PERO TRANSPORT, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ATE ROAD 7 BEACH, FL 33	3446			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ATE ROAD 7 BEACH, FL 33	3446			
FEI Number:	65-0824314	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PERO, PETER I 14095 STATE ROAD 7 DELRAY BEACH, FL 33446 US			PERO, PETER F IV 14095 STATE ROAD DELRAY BEACH, FL		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: PETER F. PERO, IV				04/20/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (PERO, PETER 14095 STATE DELRAY BEAG	ROAD 7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (PERO, FRANK 14095 STATE DELRAY BCH,	RD 7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (PERO, CHARL 14095 STATE DELRAY BCH,	RD 7	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST (PERO, ANGEL) Delete A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ANGELA PERO STD 04/20/2005