

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000027004



1. Entity Name
G.R.G. TRANSPORT, INC.

Principal Place of Business
8225 NW 66ST
MIAMI, FL 33166

Mailing Address
8225 NW 66ST
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIOS, GABRIEL
8225 NW 66 ST
MIAMI, FL 33166

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, typed or printed name of registrant, agent and title if applicable

(NOTE: Registrant Agent signature required when mailing)

50064662

05102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0743373	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

**FILE NOW!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIOS, GABRIEL 10178 N.W. 41ST STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, JOSEPH 7983 SW 185 TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Rios-P. 08.30.2005 (205)436-9380

Date

Daytime Phone #