


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90246 017 ***150.00

DOCUMENT # P97000037535 1. Entity Name ECO-TRANSIT TECHNOLOGIES, INC.					
Principal Place of Business 2601 S BAYSHORE DR #1600 MIAMI, FL 33133 US			Mailing Address 1390 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OLLE, DENNIS J ADORNO & ZEDER P.A. 2601 S BAYSHORE DR #1600 MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COB <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARPER, ALLEN C CEO		NAME		
STREET ADDRESS	1390 SOUTH DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLLE, DENNIS J		NAME		
STREET ADDRESS	2601 S BAYSHORE DR #1600		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPILLMAN, JOHN T		NAME		
STREET ADDRESS	3725 ALCANTARA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	ST <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, LORETTA A		NAME		
STREET ADDRESS	1390 SOUTH DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, ROGER		NAME		
STREET ADDRESS	1390 S. DIXIE HWY.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	I <input type="checkbox"/> Delete		TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MICHAEL ACIERNO	
STREET ADDRESS			STREET ADDRESS	1390 S. DIXIE HWY	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33146	
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: <u>John T. Spillman</u> <u>JOHN T. SPILLMAN</u>			4/20/04 (305) 667-0990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94072434



04142004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0763277** Applied For Not Applicable

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