


2004

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

FILED

04 APR -7 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000053608 1. Entity Name BLESSED FRIENDS TRANSPORTATION SERVICES, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 CAMROCK ROAD Suite, Apt. #, etc.	3. Mailing Address 1200 CAMROCK ROAD Suite, Apt. #, etc.
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33417	Country US

REINSTATEMENT 63-04
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0761491		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name EDNA I TORRES Street Address (P.O. Box Number is Not Acceptable) 1200 CAMROCK ROAD City WEST PALM BEACH FL Zip Code 33417		

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P TORRES, EDNA I 1200 CAMROCK RD, WPB, FL 33417	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Edna Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

Daytime Phone #

561
478-8776

CR2E034B (12/02)

March 2, 2004

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

DOC #: P97000053608

To Whom This May Concern,

I am writing this letter because I have been inform by my accountant that my corporation BLESSED FRIENDS TRANSPORTATION SERVICES, INC., has been dissolved for failure to send in my Uniform Business report for the year 2003 and payment of the renewal fee. I have not yet received any correspondence in the mail to renew my corporation.

I have enclosed a check for the amount of \$300.00 to pay for the 2003 and 2004 renewal with a complete Uniform Business Report. Thank you for your help in this matter. If there is anything else that needs to be done please contact me.

Sincerely,

BLESSED FRIENDS TRANSPORTATION SERVICES, INC.

A handwritten signature in black ink, appearing to read "Edna I. Torres". The signature is fluid and cursive, with the first name "Edna" being more prominent than the last name "Torres".

Edna I. Torres
President/Director