FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # **P97000106300**1. Corporation Name DOOR TO DOOR TRANSPORTATION SERVICES INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90053 002 ***150.00



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Principal Place of Business Mailing Address						† II			F #811) DB18# 11011	40114 0 11 60 131	IN MULTIN MONTHUM
8362 PINES BLVD., STE. #142 8362 PINES BLVD., STE. #14 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024				1 2							
PEMBRUKE FIL	L¥		DO NOT WRITE IN THIS SPACE								
						I .		ed or Qualif	ed		
							5/1997				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				applied For
21	<u> </u>	26	26			65-08	300492				lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Sta	tus Desired		·	Additional Required
22	<u> </u>	27									<u> </u>
City & Stat	te , -	City & State				1	n Campa Fund Conf	ign Financir	ig 🗀	•	May Be to Fees
23 Zin	Country	28	Coun	trv					current year in		10.1003
Zip	25	29	30	,		1 -	nal Proper		Julient year in	Yes	□No
24	9. Name and Address of Curre		1301			1	<u>-</u> _		w Registered	Agent	
	o. Harro and Manager of Garage		1	31 Name	<u> </u>					7	
RUIZ	z, julio c		L			(D.O. Day	. Misseel	is \$154 A = 5	toble\		
8420	N.W. 17 CT.		ľ	82 Street Addre			Number	IS NOT ACCE	eptable)		ĺ
PEM	IBROKE PINES FL 33024		1	83							
	•		L							as 7:-	Code
			1	B4 City					FL	85 Zip	Code
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Statui	by the cor les.	poration	s board of	airectors.	I hereby ac	cept the appo	intment as i	registered
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT						ORS IN 12	
TITLE	DP CITIEERO P	DELETE	1,1 TITL	E	VIC	E PRE	SIDEL	7	-1"	Change	
NAME	RUIZ, JULIO C		1.2 NAA	KE.	Lui	s Ruit	L	h			
STREET ADDRESS	0400 ALM 47 CT		1.3 STR	EET ADDRES	s 791	y Pem	BrokE	(cay			
CITY+ST-ZIP	PEMBROKE PINES FL 33024		1	∕-ST-ZIP	I .	LAMAR	FL.	33023	3		
TITLE	DT	DELETE	2.1 TITL		T					☐ Change	Addition
NAME	RUIZ, LUIS M		2.2 NAN	Œ	DA	RLENE	ROI	2			
STREET ADDRESS	TOTA DEMODORE DD		2.3 STR	EET ADDRES	s 847	שיא טב	. 17 4	T.			
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TITLE	DV	© Ø ELETE	3.1 TITL	E					,	☐ Change	Addition Addition
NAME	TAMAYO, SARA		3.2 NAM	KE							
STREET ADDRESS	425 S.W. 15 RD.		3.3 STF	EET ADDRES	s						
CITY-ST-ZIP	MIAMI FL 33129		3.4. CIT	Y-ST-ZIP							•
TITLE		☐ DELETE	4,1 TITL	E						Change	e 🛗 Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP ...