

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000025943

4. Entity Name
J.M. TRANSPORT SERVICES, INC.



Principal Place of Business

5755 N.W. 111TH TERRACE
HIALEAH, FL 33012

Mailing Address

5755 N.W. 111TH TERRACE
HIALEAH, FL 33012

**FILED
Mar 21, 2007 08:00 AM
Secretary of State**



03172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0830818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOLINA, JUSTO R
5755 N.W. 111TH TERRACE
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U000000674075
03/29/07-80054-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOLINA, JUSTO R
STREET ADDRESS	5255 NW 111 TER
CITY-ST-ZIP	MIAMI, FL 33011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: *Justo R. Molina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/07 305-557-8597
Date Daytime Phone #