


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90004 001 ***150.00

DOCUMENT # P98000064959 1. Entity Name NATIONWIDE TRANSPORT, INC.					
Principal Place of Business 7392 NW 35 TERRACE 201 MIAMI, FL 33122 US			Mailing Address P.O. BOX 524243 #205 MIAMI, FL 33152 US		
2. Principal Place of Business 1807 NW 97 Ave			3. Mailing Address 		
Suite, Apt. #, etc. 101A			Suite, Apt. #, etc. 		
City & State Miami FL			City & State 		
Zip 33172		Country USA		Zip 	
Country 		Country 		4. FEI Number 65-0853138	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMAN, FIORDALIZA 15602 N.W. 12 CT. PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code 	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GERMAN, FIORDALIZA	 		NAME 	 	
STREET ADDRESS 15602 N.W. 12 CT.	 		STREET ADDRESS 	 	
CITY-ST-ZIP PEMBROKE PINES, FL 33028	 		CITY-ST-ZIP 	 	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	 		NAME 	 	
STREET ADDRESS 	 		STREET ADDRESS 	 	
CITY-ST-ZIP 	 		CITY-ST-ZIP 	 	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	 		NAME 	 	
STREET ADDRESS 	 		STREET ADDRESS 	 	
CITY-ST-ZIP 	 		CITY-ST-ZIP 	 	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	 		NAME 	 	
STREET ADDRESS 	 		STREET ADDRESS 	 	
CITY-ST-ZIP 	 		CITY-ST-ZIP 	 	
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: <i>[Signature]</i>			Date 7/9/04 (756) 402-0209		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					