

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90026 041 \*\*\*150.00

**DOCUMENT # P99000018878**

1. Entity Name  
**MASTER TRANSPORT EQUIPMENT CORP.**



Principal Place of Business

3755 NW 62 ST  
MIAMI, FL 33147

Mailing Address

3038 NW NORTH RIVER DR  
MIAMI, FL 33142 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02032004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0097587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, EDELMIRO  
3038 NW NORTHRIVER DR  
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **HERMIDA, JOSE A**  
STREET ADDRESS **3038 NW N RIVER DR**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **CD** ☐ Delete  
NAME **BABUN, JOSE**  
STREET ADDRESS **3160 NW 14TH ST**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **DVPT** ☒ Delete  
NAME **BABUN, SARA C**  
STREET ADDRESS **3038 NW NORTH RIVER DR**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **D** ☐ Delete  
NAME **BABUN, JOSE J**  
STREET ADDRESS **2945 NW 21 TERR**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☐ Delete  
NAME **BABUN, MIREYA**  
STREET ADDRESS **1714 FERDINAND ST**  
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition  
NAME **SARA C BABUN**  
STREET ADDRESS **3038 NW NORTH RIVER DR**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 line empowered.

**SIGNATURE:**

*SARA C. BABUN, President 2/5/2004*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 633-6361