


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90031 042 ***150.00

DOCUMENT # P99000036620 1. Entity Name PM TRANSPORT OF FLORIDA, INC.	
--	---

Principal Place of Business 19995 SW 194 AVENUE MIAMI, FL 33187	Mailing Address 22290 SW 162 AVE GOULDS, FL 33170
---	---

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0925926	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SUAREZ, ALBERTO J 22290 SW 162 AVENUE MIAMI, FL 33170	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.

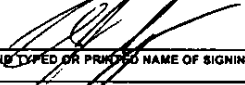
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, JOSE A JR 22290 S.W 162 AVENUE GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, ALBERTO J 22290 S.W 162 AVENUE GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MARIA C 22290 SW 162 AVENUE GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOSE I 22290 SW 162 AVENUE GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTA, JOSE A III 22290 SW 162 AVENUE GOULDS, FL 33170
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:  Alberto J. Suarez 1/21/08 305-247-3248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #