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Secretary of State
04-05-2004 90002 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000047599

1. Entity Name
EXPRESS BOAT TRANSPORT, CORP.

54025761

Principal Place of Business	Mailing Address
1202 ADIRON PACK CT. APOPKA, FL 32712	1202 ADIRON PACK CT. APOPKA, FL 32712

04022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1202 Adirondack Ct	1202 Adirondack Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, Fl	City & State: Apopka, Fl
Zip: 32712 Country:	Zip: 32712 Country:

4. FEI Number: 65-0926005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNA, ALFREDO S
1202 ADIRON DACK CT.
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name: Alfredo S Luna
Street Address (P.O. Box Number is Not Acceptable): Adirondack Ct
City: Apopka FL Zip Code: 32712

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: X Alfredo S Luna April 02,2004
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUNA, ALFREDO S 1202 ADIRON DACK CT. APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Luna, Alfredo S 1202 Adirondack Ct Apopka, Fl 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ORTIZ, MARIO 1202 APIRON DACK CT. APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ortiz , Mario 1202 Adirondack Ct Apopka, Fl 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Alfredo S Luna / President (407)310-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #