

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065304
1. Entity Name
ALGARIN TRANSPORT, INC.



Principal Place of Business
2611 BORINQUEN DR.
KISSIMMEE, FL 34743

Mailing Address
2611 BORINQUEN DR.
KISSIMMEE, FL 34743



04212004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3589851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ALGARIN, ALCIDES
2611 BORINQUEN DR.
KISSIMMEE, FL 34743

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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	PD
NAME	ALGARIN, ALCIDES
STREET ADDRESS	2611 BORINQUEN DR.
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	STD
NAME	QUINONES, MILAGROS M
STREET ADDRESS	2611 BORINQUEN DR.
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/04 Daytime Phone # _____