


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000102506		
1. Entity Name TRANSPORTATION SERVICES OF SOUTH FLORIDA, INC.		
Principal Place of Business 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145		Mailing Address 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145
DO NOT WRITE IN THIS SPACE		
		01152004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0971445
		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		
KLEIN, BRENT D 801 BRICKELL AVE., SUITE 1901 MIAMI, FL 33131		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 reconstituting)		
Signature, typed or printed name of registered agent and title if applicable. DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000126647 04/23/04-80042-010 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAS, JOSE 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALARCON, EDUARDO 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145	
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TITLE 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 like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Day/Time Phone # _____		