## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S43299

Entity Name: WRAP-IT TRANSIT, INC.

FILED Mar 24, 2008 Secretary of State

2033 WEST 62ND ST. 2033 WEST 62ND ST. HIALEAH, FL 33016 US

Current Mailing Address: New Mailing Address:

 2033 WEST 62ND ST.
 2033 WEST 62ND ST.

 HIALEAH, FL 33016
 HIALEAH, FL 33016 US

FEI Number: 65-0261700 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ, DIANA 14100 NW 20 STREET PEMBROKE PINES, FL 33028 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete Title: PDT (X) Change ( ) Addition

 Name:
 HENIO PEREZ,
 Name:
 HENIO PEREZ,

 Address:
 14100 NW 20 ST
 Address:
 14100 NW 20 ST

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: DIANA PATRICIA PEREZ, Name: DIANA PATRICIA PEREZ,

 Address:
 14100 NW 20 ST
 Address:
 14100 NW 20 ST

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 PEMBROKE PINES, FL 33028 US

Title: S () Delete Title: S (X) Change () Addition Name: PAULA ANDREA VENEGAS, Name: PAULA ANDREA VENEGAS,

Address: 14100 NW 20 ST Address: 14100 NW 20 ST

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENIO PEREZ PDT 03/24/2008