

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


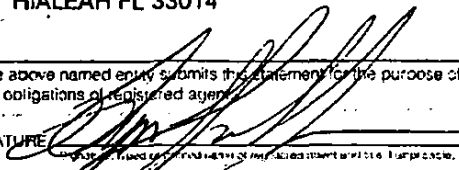
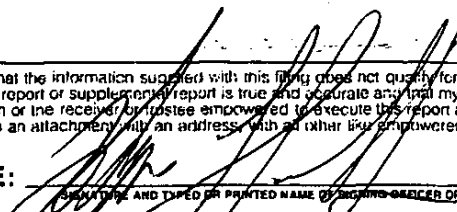
FILED
Mar 03, 2008 8:00 am
Secretary of State

01-30-2008 90034 001 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # V22260 1. Entity Name ACTION TRANSPORT, INC			
Principal Place of Business 4715 NW 157TH ST 204 MIAMI FL 33014 US		Mailing Address P.O. BOX 4922 HIALEAH FL 33014 US	
2. Principal Place of Business - No P.O. Box # 6941 SW 196 Ave Surr. Apt. #, etc. #29 City & State Pembroke Pines FL Zip 33332		3. Mailing Address 6941 SW 196 Ave Surr. Apt. #, etc. #29 City & State Pembroke Pines FL Zip 33332	
4. FEI Number 65-0319774		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAUBSCHER, WAYNE L 4715 NW 157TH ST STE 204 HIALEAH FL 33014		7. Name and Address of New Registered Agent Name Laubscher, Regina Street Address (P.O. Box Number is Not Acceptable) 2874 SW 176 Way City Miramar FL Zip Code 33029	
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:  DATE: 1/25/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete LAUBSCHER, WAYNE L. 14345 SW 162 ST MIAMI F 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Laubscher, Wayne 6941 SW 196 Ave #29 Pembroke Pines FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAUBSCHER, REGINA A. 2874 SW 176 WAY MIRAMAR FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ROMER, GINA 16271 NW 41 AVENUE MIAMI FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Romer, Gina 17351 SW 18 ST Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LANBSCHER, JOSEPH 2564 CAMELOT COURT COOPER CITY FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.			
SIGNATURE: 		DATE: 2/29/08	