


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

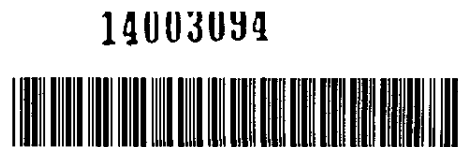
FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90013 007 ***150.00

DOCUMENT # V28369	
1. Entity Name EASTERN TRANSPORT CORPORATION	

Principal Place of Business 7220 NW 79 TERR MIAMI FL 33166 US	Mailing Address 300 W 74 PL #103 HIALEAH FL 33014 US
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2. Principal Place of Business 300 W. 74 PL	3. Mailing Address 300 W. 74 PL
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State HIALEAH	City & State HIALEAH
Zip 33014	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0325362	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 ERICK SIMONET 19730 NW 58TH AVE MIAMI FL 33015	7. Name and Address of New Registered Agent Name CECILIA SIMONET Street Address (P.O. Box Number is Not Acceptable) 300 W 74 PL #103 City HIALEAH FL Zip Code 33014
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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 *Cecilia Simonet* **1/29/03**
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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SIMONET, CECILIA 19730 NW 58TH AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 W. 74 PL #103 HIALEAH FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICK SIMONET 19730 NW 58TH AVE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 W. 74 PL #103 HIALEAH FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Cecilia Simonet* **RES** **1/27/04** **3058238248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #