

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90164 043 ***150.00

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1. Entity Name

FLORIDA SUPERIOR TRANSPORT, INC.



Principal Place of Business

CALOOSA MINE 11 MILES EAST ON S
STATE ROAD 7B
ORTONA FL 33935
US

Mailing Address

P.O. BOX 5901
LIGHTHOUSE POINT FL 33074
US

2. Principal Place of Business

6563 Wallis Road

Suite, Apt. #, etc.

3. Mailing Address

500 South Ocean Blvd.

Suite, Apt. #, etc.

#603

City & State

West Palm Beach, FL

City & State

Boca Raton, FL

4. FEI Number

65-0369800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

33413

Palm Beach

Zip

Country

33432

Palm Beach

6. Name and Address of Current Registered Agent

LENA R. ARENA
500 SOUTH OCEAN BLVD
APT 603
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ARENA, LENA R.
STREET ADDRESS 500 SOUTH OCEAN BLVD APT 603
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ST ☒ Delete
NAME JEFFERSON, MARION
STREET ADDRESS 1489 W PALMETTO PARK ROAD STE 438
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Lena R. Arena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date

Daytime Phone #