


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 034 ***158.75

DOCUMENT # G94846			
1. Entity Name ALOMAR TRANSPORT OF FLORIDA, INC.			
Principal Place of Business 2801 NW 74TH AVENUE SUITE D& F MIAMI, FL 33122 US		Mailing Address 2801 NW 74TH AVENUE SUITE D& F MIAMI, FL 33122 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 216		Suite, Apt. #, etc. SUITE 216	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2400573		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAUCHEZ, GUILLEVMO 21820 CONTADO ROAD BOCA RATON, FL 33433		Name SANCHEZ, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 7080 N.W. 70th TERRACE City PARKLAND FL Zip Code 33067	
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: _____	
SIGNATURE: <u>GUILLERMO SANCHEZ</u>		DATE: <u>APRIL 22, 2004</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, GUILLERMO 2801 N.W. 74TH AVE, STE 171 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 216
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
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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: _____		DATE: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
SIGNATURE: <u>GUILLERMO SANCHEZ</u>		DATE: <u>APRIL 22, 2004</u>	
		Daytime Phone # <u>(305) 591 7244</u>	