

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 635424

1. Entity Name
A & E TRANSPORTATION COMPANY, INC.



Principal Place of Business
**3275 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311-8231**

Mailing Address
**3275 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311-8231**



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2459403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLOOMGARDEN, PAUL M
8551 W SUNRISE BLVD
STE 100A
FT LAUDERDALE, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS LONSTEIN, ANITA 3275 W. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/15/05-80014-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anta Lonstein
Date

3/24/05
Daytime Phone # 954-485-7500