

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb-20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000071682

1. Entity Name
AMATRANS INC.



Principal Place of Business
**9595 NW 89TH AVENUE
MIAMI, FL 33178**

Mailing Address
**9595 NW 89TH AVENUE
MIAMI, FL 33178**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910776	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

**CHALUJA, MARIO III
242 NW 60TH AVENUE
MIAMI, FL 33126**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000059288
02/20/04-80075-021 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHALUJA, MARIO III 242 NW 60TH AVE. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHALUJA, MARIO SR. 4870 NW 4 TERRACE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHALUJA, MARIO JR. 242 NW 60TH AVE. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-04 305-805-3577