


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 038 ***150.00

DOCUMENT # P99000046175

1. Entity Name
ATENAY TRANSPORT CORP.



Principal Place of Business Mailing Address

14991 SW 18 ST } *Delete* 14991 SW 18 ST } *Delete*
 MIRAMAR, FL 33027 MIRAMAR, FL 33027

2. Principal Place of Business 3. Mailing Address

12079 West Okalochee Rd } *Delete* 12079 West Okalochee Rd } *Delete*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Hialeah Garden Hialeah Garden

Zip Country Zip Country

33018 U.S.A. 33018 U.S.A.



04092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SAN MARTIN, LUIS A
 14991 SW 18 ST
 MIRAMAR, FL 33027

4. FEI Number Applied For

65-0942896 Not Applicable

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

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 _____ DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAN MARTIN, LUIS	
STREET ADDRESS	14991 SW 18 ST	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAN MARTIN, GERMAN	
STREET ADDRESS	18919 SW 24 ST	
CITY-ST-ZIP	MIAMI, FL 33029	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAN MARTIN, SANTIAGO	
STREET ADDRESS	14991 SW 18 ST	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jenny De la Hoya* **4/23/04** **305 986-2240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #