2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # M50306 1. Entity Name 03-24-2005 90038 021 ***150.00 AMERITRANS EXPRESS, INC. Principal Place of Business Mailing Address PO BOX 523541 GMF 7215 NW 41ST STREET UNIT K MIAMI, FL 33152 US MIAML FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-2801270 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTRADA, LUZ D Street Address (P.O. Box Number is Not Acceptable) 7215 NW 41ST STREET **UNIT K** MIAMI, FL 33166 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITE F Delete ESTRADA, LUZ D NAME 7215 NW 41ST STREET UNIT K STREET ADDRESS STREET ADDRESS City-ST-7IP MIAMI, FL 33166 CITY-ST-ZIP Spir Estrada, Yannine A 7215 NW 415t Unit K MiAMI, FL 33166 SDT ☐ Defete TITLE Change Addition TITLE LEON, YANNINE NAME NAME STREET ADDRESS 7215 NW 41ST STREET UNIT K STREET ADDRESS CITY-ST-ZIP City-ST-ZIP MIAMI, FL 33166 ☐ Addition TOTALE ☐ Delete स्ता ह ☐ Change ESTRADA, DAINGELLY NAME STREET ADDRESS 7215 NW 41 STREET UNIT K STREET ADDRESS CITY-ST-ZP MIAMI, FL 33166 CITY-ST-ZP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TITLE ☐ Change Addition | i a i Maligoria de Marine i Ger**ig**a Ministro III de La Començão de Carlos e NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 tyre 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 employered 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 all other like empowered. SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 24, 2005 8:00 am