

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000069471

1. Entity Name
AMC TRANSPORTATION SERVICES INC.



Principal Place of Business
**5434 LAKE MARGARET DRIVE
APT. #1224
ORLANDO, FL 32812**

Mailing Address
**P.O. BOX 720296
ORLANDO, FL 32872 US**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4535050

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$6.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, RANDY
5434 LAKE MARGARET
APT. 1224
ORLANDO, FL 32812**

**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 reconstituting)

DATE

4/17/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000524790
05/04/06-80005-008 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VAZQUEZ, RANDY
5434 LAKE MARGARET DRIVE, APT. 1224
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

4/18/06

Date

Daytime Phone #