

05-05-2003 91407 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

5

DOCUMENT # P02000016925 L

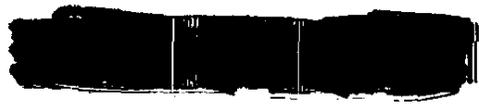
1. Entity Name
DOUBLE "A" TRANSPORT, INC.



Principal Place of Business
 517 FRANKLIN RD.
 WEST PALM BEACH FL 33405

Mailing Address
 517 FRANKLIN RD.
 WEST PALM BEACH FL 33405

55047087



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
010599490

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, TASHA I
217 JENNINGS AVE
GREENACRES FL 33463

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 _____
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	ALONSO, RICARDO	
STREET ADDRESS	517 FRANKLIN RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABREU, WILLIAM	
STREET ADDRESS	217 JENNINGS AVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, TASHA I	
STREET ADDRESS	217 JENNINGS AVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALONSO, MARVIRIZ	
STREET ADDRESS	517 FRANKLIN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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		

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: RICARDO ALONSO **REQUIRE** **4/24/03** **(561) 649 0750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)