2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176320

Entity Name: ALTERMAN TRANSPORT LINES, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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P O BOX 425
12805 NW 42 AVE
OPA LOCKA, FL 33054

11900 BISCAYNE BLVD
SUITE 292
MIAMI, FL 33181 US

Current Mailing Address: New Mailing Address:

P O BOX 425 11900 BISCAYNE BLVD 12805 NW 42 AVE SUITE 292 OPA LOCKA, FL 33054 MIAMI, FL 33181 US

FEI Number: 59-0721152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALTERMAN, RICHARD C 12805 NW 42 AVE OPA LOCKA, FL 33054 ALTERMAN, RICHARD C 11900 BISCAYNE BLVD SUITE 292 MIAMI, FL 33181 US

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.

SIGNATURE: 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

12805 NW 42ND AVE

OPA LOCKA, FL 33054

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 LIVIGNI, ROY,
 Name:
 LIVIGNI, ROY,

 Address:
 12805 NW 42ND AVE
 Address:
 11900 BISCAYNE BLVD SUITE 292

Address: 12805 NW 42ND AVE Address: 11900 BISCAYNE BLVD SUITE 29: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: MIAMI, FL 33181 US

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ALTERMAN, BRYAN S,
 Name:
 ALTERMAN, BRYAN S,

 Address:
 12805 NW 42ND AVE
 Address:
 11900 BISCAYNE BLVD SUITE 292

 City-St-Zip:
 OPA LOCKA, FL 33054
 City-St-Zip:
 MIAMI, FL 33181 US

Title: PD () Delete Title: PD (X) Change () Addition Name: ALTERMAN, RICHARD C., Name: ALTERMAN, RICHARD C.,

Address: 12805 NW 42ND AVE Address: 11900 BISCAYNE BLVD SUITE 292

City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: MIAMI, FL 33181 US

Title: D (X) Delete Title: () Change () Addition Name: ROARK, VERNON, Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C ALTERMAN PD 04/30/2004