## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## **DOCUMENT # 201730**

1. Entity Name



## **FILED** Sep 08, 2004 8:00 am Secretary of State 09-08-2004 90206 036 \*\*\*150.00

Principal Place of Dutinots   Principal Place of Guartes   Principal Pla	ATLANTIC HAILROAD MAINTENANCE INC.										
CPALOCKA FL 39356	Principal Plac	ce of Business	Mailing Address	Mailing Address							
Suito, Apt. #, etc.	20500 N.W. 23 AVE.		20500 N.W. 23 AVE.				~-				
Suito, Apt. #, etc.											
City & State     City & State   City & State     City & State     City & State   City & State   City & State     City & State   City & State   City & State   City & State   City & State   City & State   City & State   City &	2. Principal Place of Business		3. Mailing Address								
Second   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E034	(4/04)			
SANDERS, SARAH 20500 NW 23 AVENUE MIAMI FL 33056  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigarions of registered agent, or both, in the State of Florida. I am familiar with, and accept the both proportions or registered agent, or both, in the State of Florida. I am familiar with, and accept the both proportions or registered agent, or both, in the State of Florida. I am familiar with, and accept the both proportions or registered agent, or both, in the State of Florida. I am familiar with, and accept the both proportions or registered agent, or both, in the State of Florida. I am familiar with, and accept the both proportions or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigh proportion or registered agent, or both, in the State of Florida. I am famil	City & State		City & State		4. FEI Numb	59-1948350	)		<u>`</u>		
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20500 NW 23 AVENUE MIAMI FL 33056  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. Tarn lamillar with, and accept the obligations of registered agent, and both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. Tarn lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm lamillar with, and accept the sections of the sections of the sections of the State of Florida agent the resi	aana ainu				Name						
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the chilgations of registered agent, when registered agent, or both, in the State of Florida. I arm familiar with, and accept the children of the children of the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the children of the childre	205	00 NW 23 AVENUE		Street Address			(P.O. Box Number is Not Acceptable)				
B. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.    Signature   Signature (principle)   Signat	-										
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DUE SY September 8, 2004   state fee. By checking this box, the corporation certifies it Make Check Payable to Florida Department of State   did not receive prior notice. Fee to file is \$150.00.											
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12 Thereby 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				·							

Thereby certify that the information supplied with this filing does not quality 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: