2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

DOCUMENT # L07684 1. Entity Name AMERICAN COMMERCIAL EXPEDITERS, INC.				03-02-2000	6 90005 02	25 ***15	0.00		
Principal Place of Business Mailing Address					£				
1852 NW 21ST ST. POMPANO BCH, FL 33069	1852 NW 21ST ST. POMPANO BCH, FL 33069		110000000000000000000000000000000000000	ENITY (NO. 10. 10.10) (0.10) (10.10)	Al Altil Athle Bidit t	NIGO NIGOL GIRI	20) () PS		
2. Principal Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02222006	Chg-P	CR2E034	4 (11/05)			
City & State	City & State		4. FEI Numbe 65-0159				plied For Applicable		
Zip Country	Zip			5. Certificate of	of Status Desired		8.75 Add se Required		
6. Name and Address of Current	Registered Agent		N	7. Name and	Address of New F	Registered Ag	ent -	·	
ZUNKER, SHARON			Name						
1852 NW 21ST ST POMPANO BCH, FL 33069			Street Address (P.O. Box Number is Not Acceptable)						
			W- 14 - 24 I						
				FL Zip Code					
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registere	ed affice or	registered agent, or both	n, in the State of Fl	lorida. I am fai	miliar with,	and accept	
SIGNATURESignature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	d Agent signatur	re required when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00/ After May 1, 2006 Fee will be \$550.	.00) jud a Trust Fund Con	iign Finar tribution.	icing	\$5.00 May Be Added to Fees	20 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,		
10. OFFICERS AND		11.	· · · · ·	ADDITIONS/	CHANGES TO OF				
TITLE PTS NAME ZUNKER, SHARON	☐ Delete	TITLE				l	Change	☐ Addition	
STREET ADDRESS 1852 NW 21ST ST.			ET ADDRESS					•,	
CITY-ST-ZIP POMPANO BCH, FL		CITY	-ST-ZIP						
TITLE	☐ Delete	TITL		7D			Change	Addition	
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NAME	☐ Delete	STRE CITY THE NAM	et address -st-zip :	<u></u>	•		☐ Change	Addition	
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thereby certify that the information supplied with this filling does not quality for the exemptions contained and 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 an other like empowered.

2/27/6

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SIGNATURE: