


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M35291</b> 1. Entity Name AMERITRANS WORLD GROUP, INC.	
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Principal Place of Business 7102 N.W. 50TH STREET MIAMI, FL 33166-5636 US	Mailing Address P.O. BOX 520507 GMF. MIAMI, FL 33152-0507 US
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**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2693106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LEON, MARTIN 7102 NW 50TH STREET MIAMI, FL 33166
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089778 03/16/04-80002-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, MARTIN 3684 S.W. 21ST STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OCAMPO, CESAR 12317 S.W. 95TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZULUAGA, HENRY 152 S.W. 46TH LANE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSPINA, CARLOS 15630 S.W. 49TH STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEON, ROY 8912 SW 142ND AVE, #427 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OCAMPO, ANDRES 12317 SW 95TH TERR MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03.12.04 (305) 599-2662 <small>Date Daytime Phone #</small>
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