

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M35291

1. Entity Name
AMERITRANS WORLD GROUP, INC.



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**

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2693106

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEON, MARTIN
7102 NW 50TH STREET
MIAMI, FL 33166**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
**SD
OCAMPO, ANDRES
12317 SW 95TH TERR
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000311218
04/18/05-80037-011 150.00

**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.

SIGNATURE:

Martin Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/05 (305) 599-2662
Date Daytime Phone #