Amended

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
05 JUN 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 23 2005

DOCUMENT # M58651

Entity Name

AMERICAN TRAILER EXPRESS, INC.

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
6701 NW 7TH STREET SUITE #199 MIAMI FL 33126	6701 NW 7TH STREET SUITE #199 MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc. OUR NEW ADDRESS:	Suite, Apt. # etc. OUR NEW MAILING ADDRESS:
City & State 2000 NW 97TH AVENUE MIAMI, FL 33172-2316	City & State P.O. BOX 228150 MIAMI, FL 33122-8150
Zip / Country	Zip / Country

4. FEI Number 65-0009160 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAITH, ROBERTO 6701 NW 7TH STREET SUITE 199 MIAMI FL 33126	Name Street Address (P.O. Box Number Also Acceptable) OUR NEW ADDRESS: 2000 NW 97TH AVENUE MIAMI, FL 33172-2316 City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FAITH, ROBERTO 6701 NW 7TH STREET SUITE 199 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition OUR NEW ADDRESS: 2000 NW 97TH AVENUE MIAMI, FL 33172-2316
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900056732169 06/30/05--01003--008 **183.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900056732169 06/30/05--01003--009 **26.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

JAN 21 2005 (305) 265-5400