2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

Allitoral Itali oiti				Secretary of Sta		
DOCUMENT # M98205 1. Entity Name AMERICAN EAGLE TRANSPORTA			56	cretary or St		
Principal Place of Business C/O FRANK IOSEPH NESSELER 8335 N.W. 64TH ST. MIAMI, FL 33166	Mailing Address C/O FRANK JOSEPH NESSELER 8335 N.W. 64TH ST. MIAMI, FL 33166	R		FA 18121 1821 1821 1821 1812 1812 1812 18		
DO NOT WRITE	IN THIS SDA	CE -	01172008		R2E034 (11/05)	
		OL :	4. FEI Numb		Applied For Not Applicable	
	* * * * * * * * * * * * * * * * * * * *		5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	T :::	'			
BARTHET, ALEXANDER ESQ. 200 S. BISCAYNE BLVD. SUITE 1800 MIAMI, FL 33131				NOT WRI		
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent.		ed office or register			I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaign Final	ncing _ \$5.	.00 May Be ed to Fees			
10. OFFICERS AND	DIRECTORS	<u> </u>		72 22		
TITLE PD NAME NESSELER, FRANK JOSEPH STREET ADDRESS CITY-ST-ZIP MIAM1, FL			an en	00000092 90031020	4259 ABB-017 450 M	
TITLE VP NAME GREGORY, CHAD STREET ADDRESS 108 EVERGREEN PKY CITY-ST-ZIP PALM BEACH GARDENS, FL 3	3910					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRI	TE	
TITLE NAME	,	1	IN.	THIS SPA	CE	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supt likenetial report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the ender or trustee employment 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 absorphing with an addless, with all other the employment.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

15 45 591-2150 Daytime Priore 4