2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: - we.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 03, 2006 08:00 AM Secretary of State

ANNOAL NEPON					Secretary of State		
DOCUMENT # P00000086534				Secretary of State			
1. Entity Nam ALL TRA	DE LOGISTICS CORPORAT	NOI					
Principal Plac	e of Business	Mailing Address		1			
3513 NW 82		3513 NW B2ND AVE	٠ ٠ ٠				
MIAMI, FL 3		MIAMI, FL 33122	\$	}			
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	O NO! WKIIE	CE	4. FEI Numb		Applied For		
				65-104	46227	Not Applicable	
				5. Certificate	e of Status Desired	\$8.75 Additional Fea Required	
<u> </u>	6. Name and Address of Current R	enistered Acent	<u> </u>	<u> </u>	 	rea required	
	v. Hame and Address of Current N	adiacelen Manit	}				
GONCALV	/ES, MARCIO	1	DO	NOT WO!	TE		
	82ND AVE	DO NOT WRITE					
MIAMI, FL	33122		1	IN .	THIS SPAC	ìF	
				41.4	11110 01 70	<i></i>	
			}				
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, speed of printed name of registered agent and little if applicable (AKOTE: Agristered Agent signature required when reinstearing) DATE							
FILE NOWIN FEE IS \$150.00 - 8. Election Campaign Financing \$5.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.							
10.	OFFICERS AND D	RECTORS	4				
TITLE	P CONCANTES MAGGIO COM		ì				
NAME STREET ADDRESS	GONCALVES, MARCIO C	-	l l				
CITY-ST-ZIP	MIAMI, FL 33122		i				
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NAME	}		1		02/15/06-800	124 136-009 150.00	
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TITLE NAME	}		•	IN	THIS SPAC	CE	
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STREET ADDRESS COTY-ST-ZIP			ì				
	and the short an	han the same of th	<u> </u>	41-0	In Paris		
12. I hereby of Indicated	certify that the information supplied with t I on this report or supplemental report is t	his tiling does not qualify for the ex tue and accurate and that my signa	emptions contained ture shall have the	d in Chapter 11 same legal elle	19, Florida Statutes, I ludhe act as il made under cath: th	r certify that the information hat I am an officer or director	
of the cor changed	certify that the information supplied with t on this report or supplemental report to provation or the receiver or trustee empt , or on an attachment with an address, w	vered to execute this report as requition all other like empowered.	ired by Chapter 60	7, Florida Statut	tes; and that my name appe	ears in Block 10 or Block 11 if	

01-31-06

305-4977011

Daylime Phone #