## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 21, 2008 08:00 Al **Secretary of State** DOCUMENT # P01000009514 1. Entity Name A & A TRANSPORTATION SYSTEM, INC. Principal Place of Business Mailing Address 7101 W 24 AVENUE UNIT #4 7101 W 24 AVENUE UNIT #4 HIALEAH, FL 33016 HIALEAH, FL 33016 No Chg-P 03102008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1069464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALONSO, ALEJANDRO A DO NOT WRITE 7101 W 24 AVENUE UNIT #4 HIALEAH, FL 33016 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000885588 <del>04/07/08-8</del>0034-020 150.00 OFFICERS AND DIRECTORS 10. TITLE ALONSO, ALEJANDRO A NAME STREET ADDRESS 7101 W 24 AVENUE UNIT #4 CITY-ST-ZIP HIALEAH, FL 330166520 VΡ TITLE ALONSO, AQUILINO D VP STREET ADDRESS 7101 W 24 AVENUE UNIT #4 HIALEAH, FL 330166520 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGN FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**