


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 002 ***158.75

DOCUMENT # P01000045944	
1. Entity Name ATLANTIC MARINE CONTAINER LINES, INC.	

Principal Place of Business 5470 NW 19TH ST. LAUDERHILL, FL 33313 9380 NW 37th Manor SUNRISE, FL 33351	Mailing Address 5470 NW 19TH ST. LAUDERHILL, FL 33313 9380 NW 37th Manor SUNRISE, FL 33351
--	--

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1117745	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAFAR, SYED F 9705 SW 95TH AVE. MIAMI, FL 33176
--

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYED, NAGHMA MAHAKALI CAVES ROAD ANDHERI (EAST) MUMBAI-93, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HASAN, SYED HAMID MAHAKALI CAVES RD. ANDHERI (E), MUMBIA-93,INDIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOHAMMAD, SYED 9380 NW 37TH AVENUE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Syed Mohammad* **4/4/05** **954-701-9607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #