2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000033181

1. Entity Name

AMERICAS TRUCK LINE, INC.



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90229 009 ***150.00

Principal Place of Business

2990 SW 28TH LANE

B-172

MIAMI, FL 33133

Mailing Address

PO BOX 330490 MIAMI, FL 33133



04242004

No Chg-P

CR2E034 (10/03)

4. FFI Number 04-3630263 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GARWOOD, DONALD C 2703 DAY AVE #10 MIAMI, FL 33133

DO NOTWRITE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE I\$ \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARKINS, JASON E 3/B 2700 DAY AVE #10 MIAMI, FL 33133 Tequesta, FI 33469 NAME STREET ADDRESS CITY-ST-ZIP TITLE GARWOOD, DONALD C STREET ADDRESS 2703 DAY AVE #10 BLDG A MIAMI, FL 33133 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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

DONALD C. GARWOOD DST 4/24/04