2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90445 044 ***150.00

DOCUMENT # P02000033181

1. Entity Name

AMERICAS TRUCK LINE, INC.

Principal Place of Business	Mailing Address
2990 SW 28TH LANE B-172 MIAMI FL 33133	PO BOX 330490 MIAMI FL 33133

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
5905-07 Pierce St.	
Suite, Apt. #, etc. Apt # 3	Suite, Apt. #, etc.
City & State Hollywood, Fl.	City & State
Zip 33021 / Country U.S.A	Zip / Country

4. FEI 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

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

7. Name and Address of New Registered Agent

Name GARWOOD, Donald C
Street Address (P.O. Box Number is Not Acceptable) 5905-07 Pierce St. Apt. 3
City Hollywood FL Zip Code 33021

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 Donald C Garwood (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 4/18/06 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARWOOD, DONALD 2703 DAY AVE# 10 MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GARWOOD, DONALD 5905-07 Pierce street Apt-3 Hollywood, Fl- 33021	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARWOOD, JANET 410 NO MILLSTREET, P.O. BOXD 3889 ASPEN CO 81612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald C. Garwood DONALD C. GARWOOD 4/18/06 305-785-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #