2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049727

Address:

City-St-Zip:

AMEDICAIO TRANCILO CIOTICO INO

FILED Jan 07, 2009 Secretary of State

Entity Nan	ne: AMERICA	'S TRANS-LOGISTICS INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
5569 NW 72 AVENUE MIAMI, FL 33166 US				3301 NW 97 AVENUE DORAL, FL 33172 US			
Current Mailing Address:			New Maili	New Mailing Address:			
5569 NW 72 AVENUE MIAMI, FL 33166 US			3301 NW 97 AVENUE DORAL, FL 33172 US				
FEI Number:	20-0015262	FEI Number Applied For ()	FEI Number Not Appl	icable()	Certificate	e of Status Desi	red (X)
Name and	Address of C	Name and	Name and Address of New Registered Agent:				
UCROS, M 5569 NW 7 MIAMI, FL	'2 AVENUE						
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered	office or re	gistered agen	t, or both,
SIGNATUR	RE:						
	Electroni	c Signature of Registered Age	nt		С	Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () UCROS, MARIA 5569 NW 72 AV MIAMI, FL 3316	ENUE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	T () CASTILLO, LUC 5377 NW 113 P MIAMI, FL 3317	LACE	Title: Name: Address: City-St-Zip:	TS (X CASTILLO, LU 5377 NW 113 MIAMI, FL 33	PLACE) Addition	
Title: Name:	()	Delete	Title: Name:	VP (CASTILLO, JO) Change(X SE R	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7783 NW 114 PLACE

DORAL, FL 33178

SIGNATURE: MARIA UCROS Ρ 01/07/2009