## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000035366

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33193

LOURDES, CAJALE

MIAMI, FL 33193

() Delete

6821 SW 147 AVE - STE 2-D

**Entity Name:** ATLANTIC TRANSPORT TRADE CORP.

FILED May 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6821 SW 147 AVE 2-D MIAMI, FL 33193 **New Mailing Address: Current Mailing Address:** 6821 SW 147 AVE MIAMI, FL 33193 FEI Number: 20-0775828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOURDES, CAJALE 6821 SW 147 AVE MIAMI, FL 33193 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LOURDES, CAJALE Name: Name: MIGUEL, MAAL 6821 SW 147 AVE - STE 2-D 6821 SW 147 AVE - STE 2-D Address: Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33193 Title: Title: () Delete (X) Change ( ) Addition LOURDES, CAJALE Name: MIGUEL. MAAL Name: 6821 SW 147 AVE - STE 2-D 6821 SW 147 AVE - STE 2-D Address: Address: MIAMI, FL 33193 MIAMI, FL 33193 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition LOURDES, CAJALE Name: Name: 6821 SW 147 AVE - STE 2-D Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MIGUEL MAAL **PRES** 05/10/2006

(X) Change ( ) Addition

LOURDES, CAJALE

MIAMI, FL 33193

6821 SW 147 AVE - STE 2-D