

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90019 035 \*\*\*150.00

**DOCUMENT # P04000132576**

1. Entity Name

AMERICA BEST TRANSPORT, INC



Principal Place of Business

4216 KEZAR CT  
ORLANDO FL 32819  
US

Mailing Address

P.O. BOX 620426  
ORLANDO FL 32862 - 0426  
US

2. Principal Place of Business - No P.O. Box #

11830 Boggy Creek Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32824

Country

ORANGE

Zip

32824

Country

USA

6. Name and Address of Current Registered Agent

MUMICH, FERDINAND  
4216 KEZAR CT  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer, if applicable.

MOORE Registered Agent's signature required when rechartering.

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | P                 | <input type="checkbox"/> Delete |
| NAME            | FERDINAND, MUNICH |                                 |
| STREET ADDRESS  | 4216 KEZAR CT     |                                 |
| CITY - ST - ZIP | ORLANDO FL 32819  |                                 |
| TITLE           | VP                | <input type="checkbox"/> Delete |
| NAME            | MUNICH, MICHELLE  |                                 |
| STREET ADDRESS  | 4216 KEZAR CT     |                                 |
| CITY - ST - ZIP | ORLANDO FL 32819  |                                 |
| TITLE           | D                 | <input type="checkbox"/> Delete |
| NAME            | MUNICH, RICARDO   |                                 |
| STREET ADDRESS  | 4216 KEZAR CRT    |                                 |
| CITY - ST - ZIP | ORLANDO FL 32819  |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |
| TITLE           |                   | <input type="checkbox"/> Delete |
| NAME            |                   |                                 |
| STREET ADDRESS  |                   |                                 |
| CITY - ST - ZIP |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/08 407-888-2378

Date

Daytime Phone #