

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000031038

1. Entity Name  
ALL STAR CARGO ON THE ROAD, CORP.



FILED  
06 NOV 13 PM 12:04

Principal Place of Business  
1010 NW 129 AVE  
MIAMI, FL 33182

Mailing Address  
1010 NW 129 AVE  
MIAMI, FL 33182

2. Principal Place of Business  
955 NW 133ct.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 940546  
Suite, Apt. #, etc.



REINSTATEMENT

City & State  
MIAMI, FL

City & State  
MIAMI FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33182 - Dade

Zip  
33194

County  
Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, ANED ALFREDO  
1010 NW 129 AVE  
MIAMI, FL 33182

Name  
MYRIAM MARTINEZ

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

955 NW 133ct.

City  
MIAMI

FL

Zip Code  
33182

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 of and or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

300081872103

11/16/06--01069--000 \*\*\*150.00

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MENENDEZ, ANED ALFREDO  
1010 NW 129 AVE  
MIAMI, FL 33182 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
MARTINEZ, MYRIAM  
1010 NW 129 AVE  
MIAMI, FL 33182 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE (P)  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MYRIAM MARTINEZ  
955 NW 133ct.  
MIAMI, FL 33182 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Chapter 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

Date

Daytime Phone #

B. Mitchell

NOV 13 2006