
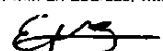


FILED
Mar 23, 2006 8:00 am
Secretary of State

66006745

DOCUMENT # P05000137878				State of Florida 03-08-2006 90171 009 ***150.00	
1. Entity Name A.J.L. TRANSPORT SERVICES, INC.					
Principal Place of Business 450 SW 27 TERRACE STE 10 FT LAUDERDALE FL 33312		Mailing Address 450 SW 27 TERRACE STE 10 FT LAUDERDALE FL 33312			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0908125	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, ERNESTO- 450 SW 27 TERRACE STE 10 FT LAUDERDALE FL 33312				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	REYES, ERNESTO				
STREET ADDRESS	450 SW 27 TERRACE STE 10				
CITY- ST- ZIP	FT LAUDERDALE FL 33312				
TITLE	VICE-DIRECTOR <input type="checkbox"/> Delete				
NAME	Reyes, YADIRA				
STREET ADDRESS	450 SW 27 Trwore ste 10				
CITY- ST- ZIP	FT. Lauderdale, FL 33312.				
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					
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					
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:  2/21/2006 954-581-624					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT



66006745

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

A.J.L. TRANSPORT SERVICES, INC.
450 SW 27 TERRACE STE 10
FT LAUDERDALE, FL 33312

Subject: A.J.L. TRANSPORT SERVICES, INC.

Reference Number: P05000137878

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION

EFID: 55-0908125