


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 009 ***150.00

DOCUMENT # P05000155135	
1. Entity Name ALL COAST TRANSPORTERS, INC.	

Principal Place of Business 6245 N POWERLINE RD STE 108 FT LAUDERDALE, FL 33309	Mailing Address 6245 N POWERLINE RD STE 108 FT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # 6245 Powerline Rd	3. Mailing Address 6245 Powerline Rd
Suite, Apt., #, etc. Suite 102	Suite, Apt., #, etc. Suite 102
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33309	Country USA



07252008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3889407	Applied For <input type="checkbox"/> Not Applicable
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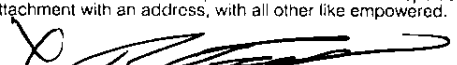
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EZROL, KEITH 6245 N POWERLINE RD STE 108 FT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name: Perez, Ricardo A. Street Address (P.O. Box Number is Not Acceptable) 6245 Powerline Rd Suite 102 City: Ft Lauderdale, FL Zip Code: 33309
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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: Ricardo Perez Pres.	DATE: 7/25/08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZROL, KEITH 6245 N POWERLINE RD - STE 108 FT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez, Ricardo A. 6245 Powerline Rd Suite 102 Ft Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 7/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #