2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 24, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P06000055205 1. Entity Name AMERITRUCK TRANSPORT INC								03-24-2008 90048 003 ***150.00				
Principal Place of Business				ailing Address								
95 E 34 ST				05 E 34 ST								
HIALEAH, FL 33013				HIALEAH, FL 33013					•			
										il Ruiri Allas I	11110 12011 EBIB) Br	
2. Principal Place of Business - No P.O. Box #				Mailing Address	· · · · · ·							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03202008	Chg-P	CR2E	034 (12/06)	
City & State				City & State				4. FEI Numb 20-472				plied For t Applicable
Zip	Country			Zip Count		try	5. Certificate of Status Desir			ed S8.75 Additional Fee Required		
Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered	Agent	
HERNANDEZ, LUIS E 95 E 34 ST HIALEAH, FL 33013						Name Castellanos, Lina P. Street Address (P.O. Box Number is Not Acceptable)						
						95	<u> </u>	345	st		<u> </u>	
1 City 1							ale	ah		FL	Zip Code	င်္ဂ၂ခ
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 title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.							\$5. Add	00 May Be ed to Fees				
10.	,-	OFFICERS :	AND DIREC	DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AN	DIRECTORS	3 IN 11
TITLE	Р			Delete	:	P			_	Change	☐ Addition	
NAME	HERNANDEZ, LUIS E			•	NAM		cas	stellar	ios, Lina	Ψ.		
STREET ADDRESS CITY-ST-ZIP						et address -St-Zip	95	E 34				
	HIALEAH, FL 33013						Hio	ileah,	Fl 3301	ろ		
TITLE NAME	VP CASTELLANOS, LINA P			☐ Delete	TITLE		2	lell a ac	s, Line	P	Change Change	Addition
STREET ADDRESS	95 E 34 ST				NAM	et address	95			()		
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NAME				☐ Delete	TITLE		İ				☐ Change	Addition Addition
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CITY-ST-ZIP						-ST-ZIP						
12. I hereby	certify that the	e information supplied	with this f	iling does not qualify for	or the exe	emptions of	ontained	in Chapter 119), Florida Statutes. I	I further cer	tify that the in	nformation
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 aggregas, with all other like empowered.												