

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90048 003 ***150.00

DOCUMENT # P06000055205							
1. Entity Name AMERITRUCK TRANSPORT INC							
Principal Place of Business 95 E 34 ST HIALEAH, FL 33013			Mailing Address 95 E 34 ST HIALEAH, FL 33013				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-4722239			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New 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 E 34st City Hialeah FL Zip Code 33013				
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P	NAME HERNANDEZ, LUIS E		<input checked="" type="checkbox"/> Delete	TITLE P	NAME Castellanos, Lina P.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 95 E 34 ST	CITY - ST - ZIP HIALEAH, FL 33013			STREET ADDRESS 95 E 34st	CITY - ST - ZIP Hialeah, FL 33013		
TITLE VP	NAME CASTELLANOS, LINA P		<input type="checkbox"/> Delete	TITLE P	NAME castellanos, Lina P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 95 E 34 ST	CITY - ST - ZIP HIALEAH, FL 33013			STREET ADDRESS 95 E 34st	CITY - ST - ZIP Hialeah, FL 33013		
TITLE ---	NAME ---		<input type="checkbox"/> Delete	TITLE ---	NAME ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ---	CITY - ST - ZIP ---			STREET ADDRESS ---	CITY - ST - ZIP ---		
TITLE ---	NAME ---		<input type="checkbox"/> Delete	TITLE ---	NAME ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ---	CITY - ST - ZIP ---			STREET ADDRESS ---	CITY - ST - ZIP ---		
TITLE ---	NAME ---		<input type="checkbox"/> Delete	TITLE ---	NAME ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ---	CITY - ST - ZIP ---			STREET ADDRESS ---	CITY - ST - ZIP ---		
TITLE ---	NAME ---		<input type="checkbox"/> Delete	TITLE ---	NAME ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ---	CITY - ST - ZIP ---			STREET ADDRESS ---	CITY - ST - ZIP ---		
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:							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	