

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094456

Entity Name: ASTOR TRANSPORT INC

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

1685 SHEEHAN BOULEVARD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

4415 CHURCH ST
PORT CHARLOTTE, FL 33980 US

Current Mailing Address:

1685 SHEEHAN BOULEVARD
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

P O BOX 494621
PORT CHARLOTTE, FL 33949 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DAVID, KAMEN PRES
4415 CHURCH STREET
PORT CHARLOTTE, FL 33980 US

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.

SIGNATURE: DAVID KAMEN

03/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: KAMEN, DAVID
Address: 1685 SHEEHAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DIR () Delete
Name: SNIPES, JEAN
Address: 1685 SHEEHAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DIR () Delete
Name: SCHWENEMANN, ROBERT MD
Address: 1685 SHEEHAN BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: JOSE, KAMEN D
Address: 1685 SHEEHAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KAMEN

PRES

03/20/2007

Electronic Signature of Signing Officer or Director

Date