

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000094456

Entity Name: ASTOR TRANSPORT INC

**FILED**  
**Jun 18, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4415 CHURCH ST  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 494621  
PORT CHARLOTTE, FL 33949 US

**New Mailing Address:**

FEI Number: 26-0374426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**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: DIR ( ) Delete  
Name: JOSE, KAMEN D  
Address: 1685 SHEEHAN BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

I hereby certify that the information supplied with this filing does not qualify 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

06/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date