
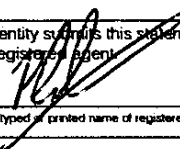
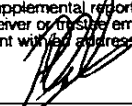


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90417 037 ***150.00

DOCUMENT # P06000118659 1. Entity Name AMERICA TRANSPORT SERVICES INC.																																			
Principal Place of Business 7500 NW 25 ST STE 209 MIAMI, FL 33122		Mailing Address 7500 NW 25 ST STE 209 MIAMI, FL 33122																																	
2. Principal Place of Business - No P.O. Box # 9440 FONTAINEBLEAU BLVD		3. Mailing Address 318																																	
Suite, Apt. #, etc. 318		Suite, Apt. #, etc. 318																																	
City & State MIAMI FL		City & State MIAMI FL																																	
Zip 33172		Country U.S.A																																	
4. FEI Number 20-5551172		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CABRERA, PAVEL 7500 NW 25 ST STE 209 MIAMI, FL 33122		7. Name and Address of New Registered Agent Name CABREIRA, PAVEL Street Address (P.O. Box Number is Not Acceptable) 9440 FONTAINEBLEAU BLVD APT: 318 City MIAMI FL Zip Code 33172																																	
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:  DATE: 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD CABRERA, PAVEL 7500 NW 25 ST STE 209 MIAMI, FL 33122 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, PAVEL 7500 NW 25 ST STE 209 MIAMI, FL 33122 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD CABRERA, PAVEL 9440 FONTAINEBLEAU BLVD APT: 318 MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, PAVEL 9440 FONTAINEBLEAU BLVD APT: 318 MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: 4/24/07 DAYTIME PHONE: 305-490-5654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			