


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90204 028 ***150.00

DOCUMENT # P07000022612							
1. Entity Name AA.D&L TRANSPORTATION, INC							
Principal Place of Business 11314 ISLE OF WATERBRIDGE 107 ORLANDO, FL 32837			Mailing Address 11314 ISLE OF WATERBRIDGE 107 ORLANDO, FL 32837				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 04222008 Chg-P CR2E034 (12/06)			
Zip	Country	Zip	Country	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				
RIVERA, JOSE R 11314 ISLE OF WATERBRIDGE 107 ORLANDO, FL 32837			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RIVERA, JOSE R		NAME				
STREET ADDRESS	11314 ISLE OF WATERBRIDGE # 107		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ARCILA, MARTHA L		NAME				
STREET ADDRESS	11314 ISLE OF WATERBRIDGE # 107		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RIVERA, DIANA L		NAME				
STREET ADDRESS	11314 ISLE OF WATERBRIDGE # 107		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RIVERA, LAURA A		NAME				
STREET ADDRESS	11314 ISLE OF WATERBRIDGE # 107		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 another like empowered.							
SIGNATURE: _____			Date: 04-28-08 Daytime Phone #: 407-993-6390				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							