


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90169 042 ***158.75

DOCUMENT # P07000113976	
1. Entity Name ALL LAND TRANSPORTATION SYSTEMS, INC.	

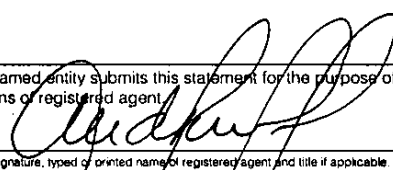
Principal Place of Business 10237 SW 162 CT. MIAMI, FL 33196	Mailing Address 10237 SW 162 CT. MIAMI, FL 33196
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2. Principal Place of Business - No P.O. Box # 15176 SW 128 CT.	3. Mailing Address 15176 SW 128 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL.	City & State MIAMI FL.
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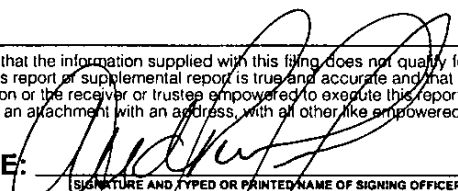
Zip 33186	Country USA	Zip 33186	Country USA
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6. Name and Address of Current Registered Agent BERROUET, FERSEN A. 10237 SW 162 CT. MIAMI, FL 33196		7. Name and Address of New Registered Agent Name FERSEN A. BERROUET Street Address (P.O. Box Number is Not Acceptable) 15176 SW 128 CT. City MIAMI FL 33186	
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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: 	FERSEN A. BERROUET 4/10/08 DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERROUET, FERSEN A. 10237 SW 162 CT. MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BERROUET, FERSEN A. 15176 SW 128 CT. MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	FERSEN A. BERROUET 4/10/08 DATE

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04102008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1421916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
