

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000020956

Entity Name: M A TRANS, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

107 WILLOW OAK WAY  
PALM COAST, 32137

**New Principal Place of Business:**

24 N VILLAGE DR  
PALM COAST, FL 32137

**Current Mailing Address:**

P O BOX 350086  
PALM COAST, 32135

**New Mailing Address:**

P O BOX 350086  
PALM COAST, FL 32135

FEI Number: 27-5363767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LORENZANA, BRUCE  
107 WILLOW OAK WAY  
PALM COAST, FL 32137 US

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

LORENZANA, BRUCE  
24 N VILLAGE DRIVE  
PALM COAST, FL 32137 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: BRUCE LORENZANA

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LORENZANA, BRUCE  
Address: 24 N VILLAGE DRIVE  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: BRUCE LORENZANA

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date