

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91043 048 ***150.00

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1. Entity Name

A.A.C. TRANSPORTATION SERVICE, INC.



Principal Place of Business

2900 GRIFFIN ROAD
2
DANIA BEACH FL 33312

Mailing Address

2900 GRIFFIN ROAD
2
DANIA BEACH FL 33312

2. Principal Place of Business

7280 N.W. 7th Street
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15098
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-0472684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANG, ALFRED A
2900 GRIFFIN RD
#2
DANIA BEACH FL 33312

See Address
Above

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7280 N.W. 7th Street

City

Plantation

FL

Zip Code

33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CHANG, ALFRED
STREET ADDRESS 2900 GRIFFIN RD #2
CITY-ST-ZIP DANIA BEACH FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7280 N.W. 7th Street
CITY-ST-ZIP Plantation FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFRED A. CHANG

4/21/04

954-791-1332

Date

Daytime Phone #