

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010226

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: ATLANTIC EXPRESS COMPANY

## Current Principal Place of Business:

19610 SW 115TH AVE #100  
MIAMI, FL 33157 US

## New Principal Place of Business:

11140 SW 196 STREET  
SUITE C-405  
MIAMI, FL 33157 US

## Current Mailing Address:

P.O. BOX 971343  
MIAMI, FL 33197 US

## New Mailing Address:

FEI Number: 65-0564820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASTOR, FIGUEROA  
19610 S.W. 115TH AVENUE  
MIAMI, FL 33157 US

## Name and Address of New Registered Agent:

PASTOR, FIGUEROA  
11140 SW 196 STREET  
SUITE C-405  
MIAMI, FL 33157 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/12/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FIGUEROA, PASTOR  
Address: 19610 S.W. 115TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: STD ( ) Delete  
Name: FIGUEROA, EUSEBIA  
Address: 19610 S.W. 115TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: VISCENTE RAMOS,  
Address: 19610 S.W. 115TH AVENUE  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FIGUEROA, PASTOR  
Address: 11140 SW 196 STREET # C-405  
City-St-Zip: MIAMI, FL 33157

Title: STD (X) Change ( ) Addition  
Name: FIGUEROA, CARLOS  
Address: 11140 SW 196 STREET  
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change ( ) Addition  
Name: VISCENTE RAMOS,  
Address: 11140 SW 196 STREET  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PASTOR FIGUEROA

PD

01/12/2005

Electronic Signature of Signing Officer or Director

Date