2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P95000051286

Entity Name: ADVANCE TRUCK TRAILER SERVICE CORPORATION

Current Principal Place of Business:

2485 NW 143 ST
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 126265
HIALEAH, FL 33012

New Mailing Address:

P.O. BOX 82-1836
PEMBROKE PINES, FL 33082

FEI Number: 65-0593543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, CARIDAD
14591 SW 37 ST
HOLLYWOOD, FL 33027 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAMOS, ANGEL
Address: 5795 WEST 13 COURT
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete
Name: CARIDAD, RAMOS
Address: 5795 W 13 CT
City-St-Zip: HILEAH, FL 33012

Title: S ( ) Delete
Name: CARIDAD, RAMOS
Address: 5795 WEST 13 COURT
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAMOS, ANGEL J
Address: 14591 SW 37 ST
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Change ( ) Addition
Name: CARIDAD, RAMOS
Address: 14591 SW 37 ST
City-St-Zip: MIRAMAR, FL 33027

Title: S (X) Change ( ) Addition
Name: CARIDAD, RAMOS
Address: 14591 SW 37 ST
City-St-Zip: MIRAMAR, FL 33027

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: ANGEL J. RAMOS PD 02/16/2005

Electronic Signature of Signing Officer or Director — Date