2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000051286

1. Entity Name
ADVANCE TRUCK TRAILER SERVICE CORPORATION

Principal Place of Business	Mailing Address
2485 NW 143 ST OPA-LOCKA, FL 33054	P.O. BOX 82-1836 PEMBROKE PINES, FL 33082

01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0693543
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, CARIDAD
14591 SW 37 ST
HOLLYWOOD, FL 33027

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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 _____ Date
Signature, type or printed name of registered agent and title if applicable (Note: Registered agent signature required when name altered)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000418632
02/14/06-80018-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMOS, ANGEL J
STREET ADDRESS	14591 SW 37 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	T
NAME	CARIDAD, RAMOS
STREET ADDRESS	14591 SW 37 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S
NAME	CARIDAD, RAMOS
STREET ADDRESS	14591 SW 37 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: X Angel Ramos PRESS. 1-26-06 305-6951851
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #