## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 08:00 AM Secretary of State

ANNUAL REPORT			San 20, 2000 00.00 AM	
MENT # P9700009238 ast carriers, inc.	3			Secretary of State
I AVE 1	800 SW 141 AVE			-   1888   1887   1887   1888   1888   1888   1888   1888   1888   1888   1888   1888   1888   1888   1888   1888
O NOT WRITE II	N THIS SPA	CE	01052006 4. FEI Numb 59-347	
6. Name and Address of Current Regis RIGOBERTO JR 41 AVE 33175	tered Agent			NOT WRITE THIS SPACE
nons of registered agent.		· 		oth, in the State of Florida. I am familiar with, and acc
E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution		.00 May Be ded to Fees	01/24/06-80070-012 150.00
PD CUEVAS, RIGOBERTO JR 1800 SW 141 AVE MIAMI, FL 33175 VP PENA, LISSETTE 1800 SW 141 AVE MIAMI, FL 33175 TR PEREZ, JUAN M 15745 SW 50 TERR MIAMI, FL 33185	CIDRS			NOT WRITE THIS SPACE
	MENT # P970009238  AST CARRIERS, INC.  OF OF Business  AVE BITS  ONOT WRITE II  C. Name and Address of Current Regis  RIGOBERTO JR 41 AVE 33175  Inamed entity submits this statement for the ons of registered agent.  Signature, typed or printed name of registered agent and title  ENOW!!! FEE IS \$150.00  OFFICERS AND DIRE  PD CUEVAS, RIGOBERTO JR 1800 SW 141 AVE MIAMI, FL 33175  VP PENA, LISSETTE 1800 SW 141 AVE MIAMI, FL 33175  TR PEREZ, JUAN M 15745 SW 50 TERR	MENT # P97000092383  AST CARRIERS, INC.  Por Business  Mailing Address 1800 SW 141 AVE MIAMI, FL 33175  MIAMI, FL 33175  PO NOT WRITE IN THIS SPA  6. Name and Address of Current Registered Agent  RIGOBERTO JR 41 AVE 33175  Ramed entity submits this statement for the purpose of changing its register ons of registered agent.  Signature, haved or printed name of registered agent and this if applicable  PO CUEVAS, RIGOBERTO JR 1800 SW 141 AVE MIAMI, FL 33175  VP PENA, LISSETTE 1800 SW 141 AVE MIAMI, FL 33175  TR PEREZ, JUAN M 15745 SW 50 TERR	MENT # P97000092383  AST CARRIERS, INC.  Mailing Address 1800 SW 141 AVE 8175  NAMM, FL 33175  O NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent RIGOBERTO JR 41 AVE 33175  named entity submits this statement for the purpose of changing its registered office or registerons of registered agent.  Signature, hand or privated name of registered agent and still 11 applicable  PIOTE PS 150.00  PICTERS AND DIRECTORS.  PD CUEVAS, RIGOBERTO JR 1800 SW 141 AVE MIAMM, FL 33175  VP PENA, LISSETTE 1800 SW 141 AVE MIAMM, FL 33175  TR PEREZ, JUAN M 15745 SW 50 TERR	MENT # P97000092383  AST CARRIERS, INC.  Mailing Address 1800 SW 141 AVE 1800 SW 141 AVE 18175  MAMI, FL 33175  DO NOT WRITE IN THIS SPACE  1. FEI Number 59-347  5. Certificate  6. Name and Address of Current Registered Agent RIGOBERTO JR 41 AVE 33175  DO IN  PAGE: Registered agent, or be consol of registered agent and shall applicable to provide rame of registered agent, or be consol of registered agent.  Segreture, head or private rame of registered agent and shall applicable to provide rame of registered agent.  Segreture, head or private rame of registered agent and shall applicable to provide rame of registered agent.  Segreture, head or private rame of registered agent and shall applicable to provide registered agent deviation recorded when retiritiating and 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTICRS  PD CUEVAS, RIGOBERTO JR 1800 SW 141 AVE MIAMI, FL 33175  TR PEREZ, JUAN M 15745 SW 50 TERR MIAMI, FL 33185

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental upon 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 typice 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:

INTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 305

505-485-9144

Date

Daytime Phone #