

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-16-2004 90050 031 ***150.00

DOCUMENT # P98000047386

1. Entity Name

AMERICAN TRANSPORT GROUP INC.



Principal Place of Business

**111 EAST 38TH STREET
HIALEAH FL 33013**

Mailing Address

**111 EAST 38TH STREET
HIALEAH FL 33013**

bb400100



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4220 N.W. 22 Ave

Suite, Apt. #, etc.

3. Mailing Address

4220 N.W. 22 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number

65-0840015

Applied For

Not Applicable

Zip

33142

Country

U.S.A

Zip

33142

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVA, EUSEBIO
111 EAST 38 STREET
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

Oliva Eusebio

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

142 EAST 15 STREET

City

Hialeah

FL

Zip Code

33010

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 ☐ Delete

NAME **OLIVA, EUSEBIO**
STREET ADDRESS **142 EAST 15TH STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete

NAME **OLIVA, EUSEBIO**
STREET ADDRESS **142 EAST 15TH STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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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
CITY-ST-ZIP

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

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

2/10/04

305-885-6789

Daytime Phone #