

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000056881**

1. Entity Name

ALL AMERICAN TRANSPORT, INC.



Principal Place of Business

8714 N.W. 149TH TERACE  
HIALEAH FL 33018

Mailing Address

8714 N.W. 149TH TERACE  
HIALEAH FL 33018



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0848442

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABOUJAOUDE, ANTOINE  
8714 N.W. 149TH TERACE  
HIALEAH FL 33018

Name

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

City

FL

Zip Code

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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTRD ☐ Delete  
NAME ABOUJAOUDE, ANTONINE  
STREET ADDRESS 8714 N.W. 149TH TERACE  
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☐ Change ☐ Addition  
NAME **U00000843535**  
STREET ADDRESS **03/11/08-80073-013 150.00**  
CITY-ST-ZIP

TITLE SVD ☐ Delete  
NAME ABOUJAOUDE, GRETLE  
STREET ADDRESS 8714 N.W. 149TH TERACE  
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08

Date

(Daytime Phone #)