

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000053054
1. Entity Name ATLANTIC TRUCKING & TRANSPORTATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1160 PARKSIDE GREEN DRIVE, #D Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH, FL	City & State
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4. FEI Number 65-1107490	Applied For Not Applicable
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Zip 33415	Country USA
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Zip	Country
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Zip	Country
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Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Alex D'Alessandro	
Street Address (P.O. Box Number is Not Acceptable) 1160 Parkside Green Drive #D	
City West Palm Beach	State FL
	Zip Code 33415

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE President	NAME Alex Dalessandro
STREET ADDRESS 1160 Parkside Green Drive #D	CITY-ST-ZIP West Palm Beach, FL 33415
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04/29/05-80110-022 150.00

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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	President	Date 4/26/05	Daytime Phone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone