


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

FILED
Apr 29, 2005 08:00 A
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.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33415	Country USA	Zip	Country
		4. FEI Number 65-1107490	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	FL
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			
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alex D'Alessandro 1160 Parkside Green Drive #D West Palm Beach, FL 33415		
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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		4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone