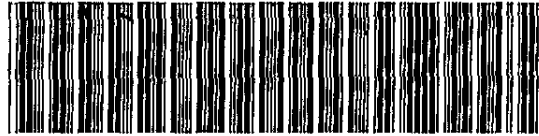


F05000004976

SKARPID ~~ENTERPRISES~~ ENTERPRISES INC
DBA B BLUE TRUCKING
PO Box 5051
FT LAUDERDALE FL 33310



(Address)

00789-00524-00647-00547-00671 700054259657

(Address)

erase line 2 - Alt name not needed

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

05/18/05--01031--018 **87.50

(Business Entity Name)

(Document Number)

M. HODGES

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

8/23 FPC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Office Use Only

W05-25766



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 23, 2005

SKARPIO ENTERPRISES, INC.
P.O. BOX 5051
FT. LAUDERDALE, FL 33310

SUBJECT: SKARPIO ENTERPRISES, INC.
Ref. Number: W05000025766

We have received your document for SKARPIO ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Remove the DBA name from the second line of the application. If you will be doing business under this name in Florida, you must file a FictitiousName Registration.,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 305A00036935

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKARDIO ENTERPRISES INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAVID ROWE
(Name of Person)
SKARDIO ENTERPRISES INC
(Firm/Company)
PO BOX 5051
(Address)
FT LAUDERDALE FL 33310
(City/State and Zip code)

For further information concerning this matter, please call:

ALICE ROWE at (954) 485-1047
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SKARPIO ENTERPRISES INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. T6-078079
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/23/04 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11263 WEST ATLANTIC BLVD # 303 CORAL SPRINGS FL 330
(Principal office address)

PO BOX 5051 FT LAUDERDALE FL 33310
(Current mailing address)

8. TRUCKING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NIKIA JAMES

Office Address: 1050 NW 7TH STREET # 9

FT LAUDERDALE, Florida 33311
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nikia James
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAVID ROWE

Address: 1838 NW 58TH AVE
LAUDERHILL FL 33313

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: PAUL ROWE

Address: 1838 NW 58TH AVE
LAUDERHILL FL 33313

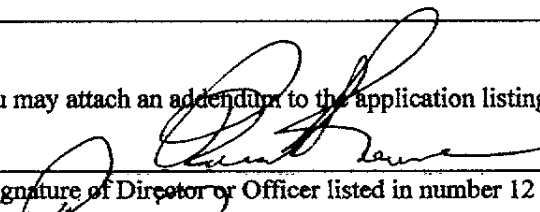
Secretary: ALICE ROWE

Address: 1838 NW 58TH AVE, LAUDERHILL FL 33313

Treasurer: B

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

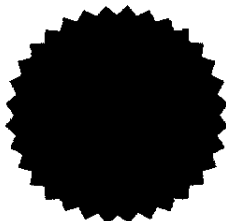
14. PAUL ROWE
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKARPIO ENTERPRISES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2005.



3885468 8300

050478533

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3936556

DATE: 06-08-05