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

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # P01000099195 1. Entity Name 03-22-2004 90053 004 ***150.00 SEGAL TRUCKING CORPORATION Principal Place of Business Mailing Address 350 NE 191 STREET 350 NE 191 STREET 74033541 MIAMI FL 33179 **MIAMI FL 33179** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number Applied For City & State City & State 65-1146540 Not Applicab Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THILEM, PAUL 11844 NW 11TH COURT CORAL SPRINGS FL 33071 Street Address (P.O. Box Number is Not Acceptable) City 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 DATE Signature, typed or particularing of registered adopt and title if explanable (NOTE: Recustored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE □ LChange Additio DANIELS, SERGIO NAME NAME STREET ADDRESS 350 NE 191ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179 CITY-ST-ZIP TILLE Detete TITLE ☐ Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Additic TITLE 1148 AC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Additio MARIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe Additic NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TILE TITLE ☐ Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 in changed, or on an attachment with an address, with all other like empowered.

Ser610 Dahiels 3/17/04 786-428 0000

FILED