2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# 518277

Entity Name: BEAU CAB CO., INC.

Current Principal Place of Business:

243 SW 159TH WAY
SUNRISE, FL 33326 US

New Principal Place of Business:

11823 SCARECROW LN
ORLANDO, FL 32821 US

Current Mailing Address:

243 SW 159TH WAY
SUNRISE, FL 33326 US

New Mailing Address:

11823 SCARECROW LN
ORLANDO, FL 32821 US

FEI Number: 59-1705432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOWLES, LINDA P
243 SW 159TH WAY
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

KNOWLES, LINDA P
11823 SCARECROW LN
ORLANDO, FL 32821 US

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.

SIGNATURE: 04/16/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KNOWLES, LINDA
Address: 243 SW 159 WAY
City-St-Zip: SUNRISE, FL 33326

Title: S ( ) Delete
Name: KNOWLES, MICHAEL
Address: 243 SW 159 WAY
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KNOWLES, LINDA
Address: 11823 SCARECROW LN
City-St-Zip: ORLANDO, FL 32821 US

Title: S (X) Change ( ) Addition
Name: KNOWLES, MICHAEL
Address: 11823 SCARECROW LN
City-St-Zip: ORLANDO, FL 32821 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA KNOWLES P 04/16/2004
Electronic Signature of Signing Officer or Director — Date