

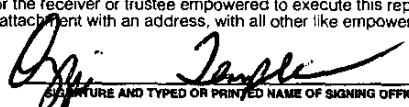


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F11194		
1. Entity Name TEMPLES' HEAVY HAULING, INC.		
Principal Place of Business 2560 N.W. 74TH STREET MIAMI, FL 33147	Mailing Address 2560 N.W. 74TH STREET MIAMI, FL 33147	<p>FILED 04 APR 19 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>  01062004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2050349		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent		
TEMPLE, OZZIE 2560 N.W. 74TH STREET MIAMI, FL 33147		DO NOT WRITE IN THIS SPACE
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) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<p>900036057809 05/11/04--01047--019 **158.17</p> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLE, OZZIE 2560 NW 74TH ST MIAMI, FL 33147	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4-13-04 305-205-2159
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>