2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90043 019 ***150.00 DOCUMENT # M59412 EXPRESS TRUCK & AUTO PARTS, INC. J4038742 Mailing Address Principal Place of Business 11710 NW S. RIVER DR. 11710 NW S. RIVER DR. **BAY 102 BAY 102** ___MEDLEY, FL 33.178 __US _ ___ MEDLEY, FL 33178 US -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 CR2E034 (10/03) Cha-P Applied For 4. FELNumber City & State City & State 65-0013653 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nаme ST GEORGE, M J Street Address (P.O. Box Number is Not Acceptable) 1735 PONCE DE LEON BLVD CORAL GABLES, FL 33134 City 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. Lam familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when rejustating) 9.-Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Addition **PDS** TOU ORESTES VIDAN 10325 S.W. 87 MIAMI, FL. 331 ORESTES, VIDAN MARKE NAME STREET ADDRESS 11710 NW S. RIVER DR. STREET ADDRESS CHY-ST-ZIP MEDLEY, FL 33178 CHA-SI-AP Change ☐ Delete THILE Agentio: PROF MONTESINO, ALEJANDRO 4264 S.W. 163 PATH. NAME MONTESINO, ALEJANDRO NAME STREET ADDRESS 11710 NW S RIVER DR STREET ADDRESS MEDLEY, FL 33178 CITY: ST-ZIP. CHY-SI-7P MIAMI, FL 33176 Change Addition MÎLE ☐ Delete THILE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 1131.6 NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1+7IP CHY-ST-ZIP Adamino Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUY-ST-ZIP Change [Addition Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED