2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

FILED Jun 18, 2008 08:00 AM Secretary of State **DOCUMENT # P00000001280** E & I TRANSPORT, INC. Principal Place of Business Mailing Address 1151 WEST 44 STREET 1151 WEST 44 STREET HIALEAH, FL 33012 HIALEAH, FL 33012 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0972478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE GONZALEZ, IDELIS 1151 WEST 44 STREET HIALEAH, FL 33012 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 Signature, speed or privide marine of registered speek and life if applicable (NOTE: Registered Agent Nignebus required years reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5,00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, IDELIS HAME 000000393207 1151 WEST 44 STREET STREET ADDRESS HIALEAH, FL 33012 CATY-ST-ZIP 06/19/09-90001-020 150.00 TITLE NAMÉ STREET ADDRESS CITY-57-ZIP πημε NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE îĭĭŒ NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADORESS CITY-ST-7/8 सार NAME STREET ADDRESS CITY-ST-708 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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-expussed employeered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

NAME OF SIGNING OFFICER OR DIRECTOR