

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90233 025 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000004864</b><br>1. Entity Name<br><b>CR &amp; BN TRUCKING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                 |
| Principal Place of Business<br>2665 W 81 ST<br>HIALEAH, FL 33016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | Mailing Address<br>2665 W 81 ST<br>HIALEAH, FL 33016                                                                                                                                                             |                                                                                                                                                                                                 |
| 2. Principal Place of Business<br>1227 Fairlake Trace<br>Suite, Apt. #, etc. <b>708</b><br>City & State <b>Weston, FL</b><br>Zip <b>33326</b> Country <b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | 3. Mailing Address<br>1227 Fairlake Trace<br>Suite, Apt. #, etc. <b>708</b><br>City & State <b>Weston, FL</b><br>Zip <b>33326</b> Country <b>USA</b>                                                             |                                                                                                                                                                                                 |
| 4. FEI Number<br><b>65-0972825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                           |                                                                                                                                                                                                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                            |                                                                                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><b>RIVERA, CESAR</b><br><b>666 NE 123 ST</b><br><b>APT 412</b><br><b>MIAMI, FL 33161</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>Rivera, Cesar</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1227 Fairlake Trace #708</b><br>City <b>Weston</b> FL Zip Code <b>33326</b> |                                                                                                                                                                                                 |
| 8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                 |
| SIGNATURE<br><small>(Signature, typewritten or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when a statement.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                 |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      | <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                               |                                                                                                                                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                            |                                                                                                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PSD<br><b>RIVERA, CESAR</b><br><b>666 NE 123 ST NO 412</b><br><b>MIAMI, FL 33161</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PD</b><br><b>Rivera, Cesar</b><br><b>1227 Fairlake Trace</b><br><b>Weston, FL 33326</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>VS</b><br><b>Niño Betsabe</b><br><b>1227 Fairlake Trace</b><br><b>Weston, FL, 33326</b>                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                               |
| 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 the 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 the empowered. |                                                                                      |                                                                                                                                                                                                                  |                                                                                                                                                                                                 |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      | <b>05/10/03</b>                                                                                                                                                                                                  |                                                                                                                                                                                                 |

10104076



C1120334 (10/02)

attachment

10104076

Miami, May 10, 2003

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: CR & BN Trucking, Inc.  
Doc: P00000004864

Dear Sir or Madam:

Please find enclosed our 2003 uniform Business Report.

We did not receive a document early this year. We have changed our address and this week we were told that we had present this document.

Please accept our apologies and hope that you accept this document with its Payment.

Sincerely,



Cesar Rivera  
President