2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000079528

Entity Name: M.T. CARRIER, INC.

Current Principal Place of Business:

7423 SOUTHWEST 152ND AVENUE
SUITE 107
MIAMI, FL 33193

New Principal Place of Business:

10625 HAMMOCKS BLVD
SUITE 516
MIAMI, FL 33196

Current Mailing Address:

7423 SOUTHWEST 152ND AVENUE
SUITE 107
MIAMI, FL 33193

New Mailing Address:

10625 HAMMOCKS BLVD
SUITE 516
MIAMI, FL 33196

FEI Number: 65-1034895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRUJILLO, MARIO
7423 SW 152 AVE
#107
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

TRUJILLO, MARIO
10625 HAMMOCKS BLVD
#516
MIAMI, FL 33196 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: 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: TRUJILLO, MARIO
Address: 7423 SOUTHWEST 152ND AVENUE
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: IVON, ALFONSO
Address: 7423 SW 152ND AVE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: TRUJILLO, MARIO
Address: 10625 HAMMOCKS BLVD #516
City-St-Zip: MIAMI, FL 33196

Title: D (X) Change ( ) Addition
Name: IVON, ALFONSO
Address: 10625 HAMMOCKS BLVD #516
City-St-Zip: MIAMI, FL 33196

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: IVON ALFONSO D 04/29/2005
Electronic Signature of Signing Officer or Director — Date