

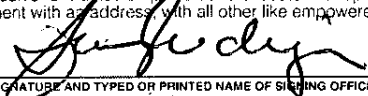


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90050 004 ***158.75

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|---|--|--|--|---|--|
| DOCUMENT # P00000081016 1. Entity Name LA GRANDE MOVING & SHIPPING CO. INC. | | | |  | |
| Principal Place of Business 3303 NW 71 ST MIAMI, FL 33147 | | | | Mailing Address P.O. BOX 2408 TOA BAJA, PR 00951 | |
| 2. Principal Place of Business 11352 SPACE BLVD. | | 3. Mailing Address 805 PEBBLE CREEK CIR. | |  | |
| Suite, Apt. #, etc. REGENCY IND. PARK | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO | | City & State ORLANDO | | | |
| Zip 32837 | | Country USA | | 01222004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 66-0404415 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARTIR, JAIME 3303 NW 71 ST MIAMI, FL 33147 | | 7. Name and Address of New Registered Agent Name RODRIGUEZ, JOEL Street Address (P.O. Box Number is Not Acceptable) 805 PEBBLE CREEK CIRCLE City ORLANDO FL Zip Code 32824 | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RIDRIGUEZ, FRANCISCO P.O. BOX 1680 BAYAMON, PR 00960 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DGM MARTIR, JAMIE A 3303 NW 71 ST MIAMI, FL 33147 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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:  4/1/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |