## FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR) May 05, 2003 8:00 am DOCUMENT # Secretary of State P00000084173 1. Entity Name 05-05-2003 91908 024 \*\*\*158.75 S&& B INTERNATIONAL FREIGHT FORWARDERS, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4550 S.W. 75th Avenue 4550 S.W. 75th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable <u>Miami, F</u> Miami, Fl Country Country \$8.75 Additional 5. Certificate of Status Desired 33155 DADE 33155 Dade Fee Required 7. Name and Address of Current Registered Agent Name Dudley L. Thomas DO-NOT WRITE.... Street Address (P.O. Box Number is Not Acceptable) 4550.§S; W.37,5th Av.e.; 4.7,4. (3) IN THIS SPACE Zip Code City Miami 33155 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE President NAME NAME Tammy Gonzalez STREET ADDRESS STREET ADDRESS 4550 S.W. 75th Ave. 33155 CITY-ST-ZIP CITY~ST-ZIP Secretary/Treasurer TITLE THE NAME NAME Dudley Thomas STREET ADDRESS STREET ADDRESS 4550 S.W. 75th Ave. CITY-ST-7IP CITY-ST-7IP Miami, Fl. 33155 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TILE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE

12. I hereby 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 on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

April 28, 2003

(305) 260-0770

Daytme Phone #