## 2004 FOR PROFIT CORPORATION

## May 24, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P01000019630 05-24-2004 90009 028 \*\*\*150.00 1. Entity Name TEAM ROAD, CORP. Principal Place of Business Mailing Address 9772 NW 148TH-TERRACE 773 NW-148TH-TERRACE 14022827 CMINITE 33018 HAMI, FL 33018 Mailing Address P. D. BD X 161026 Suite, Apt. #, etc. 05102004 Chg-P CR2E034 (10/03) HIALEAH, FL 4. FEI Number Applied For 65-1081743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent NAROLANDO CRUZ CRUZ, ROLANDO Stront Address (P.O. Rox Number is Not Acceptable) 6773NW4148TH TERRATE MIAMI-FL 33018 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition CRUZ, ROLANDO NAME NAME 2780 W. 76 ST. APT.-208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

12. I hereby certify that the information supplied with this filing poes 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-ROLANDOCRUZ, P/D 5/10/04305-801-9088

FILED

141020827

TEAM ROAD, CORP P.O. BOX 161026 HIALEAH, FL 33016

May 10, 2004

DIVISION OF CORPORATION UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

RE: 2004 Corporation Annual Report Uniform Business Report Document # P01000019630

Ask that you please excuse me from paying any fines for not submitting the 2004 Uniform Business Report, because I did not receive it.

Attached are the Corporation Reinstatement and a check for the amount of \$150.00 for year 2004.

Thank you in advanced for your prompt attention to this matter. If you have any questions please call me at 305-801-9088.

Sincerely yours,

Rolando Cruz,

Presidne