FILED

03 APR -4 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061229

1. Entity Name
ROAD STAR EXPRESS INC.

000015760810
04/11/03--01068--010 **61.25

Principal Place of Business	Mailing Address
2131 S.W. 58TH COURT MIAMI, FL 33155	2131 S.W. 58TH COURT MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
6955 NW 77th AVE	6955 NW 77th AVE
Suite, Apt. #, etc. SUITE 311	Suite, Apt. #, etc. SUITE 311
City & State Miami FL	City & State Miami Fl
Zip 33166 Country US	Zip 33166 Country US

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1112889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINEL, LAI
2131 SW 58 COURT
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name CAROLINE PINEL
Street Address (P.O. Box Number is Not Acceptable) 2131 SW 58th CT
Miami Fl 33155
City FL Zip Code

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 CAROLINE PINEL [signature] 4/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MAYORGA, LUISA M	
STREET ADDRESS	2131 SW 58TH CT	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VP	X Delete
NAME	PINEL, LAI	
STREET ADDRESS	3500 SW 104 AVE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Luisa Mayorga 4/3/03 305-887-3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

gr 4/7