FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Agelik DOCUMENT # PO1000067377 FILED 03 SEP 19 PM 12: 49 LINEXPRESS CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 800023302098 09/24/03-01018-017 **600.00 2. Principal Place of Business 3. Mailing Address 16780 KENDAIL DRIVE 6780 KENDAll DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0233061 City & State City & State Applied For Florida .FloriDA MIAMI MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33196 33196 US A Fee Required $U \leq P$ 7. Name and Address of Current Registered Agent EDGARDO ANTONIO HUNG DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 33996 miami 8. The above named entity pont for the purpose of changing its registered office or registered agent, or both, in the Stale of Florida SIGNATURE X (NOTE: Registered Agent signaturity equired when reinstating) ered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to 10. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 **\$5.00** May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fee: (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT TITLE EDGAR DO ANTONIO HUNG NAME NAME 15551 SW 104 TE #8112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP REMOTAL LINEAR TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP 3 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP TITLE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of the of the corporation or the receive attachment with an address, with

NAME OF SIGNING OFFICER OR DIRECTOR

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LINEXPRESS CORP.

TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

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PRESIDENT