FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am § Secretary of State DOCUMENT # P01000116206 1. Entity Name 05-06-2002 90251 038 ***150.00 LS WE TRANSPORT INC. Principal Place of Business Mailing Address 10473 SW 210 TERRACE 10473 SW 210 TERRACE MIAMI FL 33189 **MIAMI FL 33189** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.≅Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARCOS, LIANNER L Street Address (P.O. Box Number is Not Acceptable) 10473 SW 210 TERRACE MIAMI FL 33189 City 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. 04-22-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MARCOS, LIANNER L NAME STREET ADDRESS 10473 SW 210 TERRACE STREET ADDRESS CITY-ST-7IP **MIAMI FL 33189** CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

ith an address, with all other like empowered.

SIGNATURE: