

FILED  
Jun 17, 2003 8:00 am  
Secretary of State

5/6.

05-06-2003 90037 021 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000007454</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                        |  |
| 1. Entity Name<br><b>ONEWAY EXPRESS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                         |  |
| Principal Place of Business<br>995 W. 37 ST.<br>HALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Mailing Address<br>995 W. 37 ST.<br>HALEAH, FL 33012                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3. Mailing Address                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Suite, Apt. #, etc.                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City & State                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Country                                                                                                                                 |  |
| 4. FEI Number<br><b>02-0534641</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Applied For<br>Not Applicable                                                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 8.75 Additional<br>Fee Required                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ ROLANDO</b><br>995 W. 37 ST.<br>HALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>Rolando Hernandez</i></u> DATE <u>4/30/03</u><br><small>Signature, register printed name of registered agent, and date of registration (NOTE: Registered Agent's signature required when changing)</small>                                                                                                                                                                                    |  |                                                                                                                                         |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | \$5.00 May Be<br>Added to Fees                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |  |
| P<br>HERNANDEZ, ROLANDO<br>995 W. 37 ST.<br>HALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                         |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 person 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: <u><i>Rolando Hernandez</i></u> DATE <u>4/30/03</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Fuller<br>Dayton Pages 6                                                                                                                |  |

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☐ CHECK HERE IF MAKING CHANGES

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