-2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P02000018562** 1. Entity Name STAR K TRUCKING INC. Principal Place of Business Mailing Address 7325 NW 20 CT. 7325 NW 20 CT. SUNRISE, FL 33313 SUNRISE, FL 33313 No Chg-P CR2E034 (10/03) 04082004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0492741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAITH, KARL DO NOT WRITE 7325 NW 20 CT. SUNRISE, FL 33313 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WAITH, KARL MAME STREET ADDRESS 7325 NW 20 CT. CATY-ST-ZIP SUNRISE, FL 33313 U00000114625 04/15/04-80058-010 150.00 TITLE NAME STREET ADDRESS CATY-ST-ZIP सराह NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TISLE NAME STREET ADDRESS CITY-ST-ZIP

Kath D. Waity

4-8-04

954-448-8570