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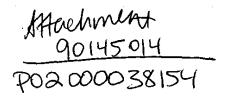
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

Jul 21, 2003 8:00 am Secretary of State DOCUMENT # P02000038154 07-21-2003 90124 037 ***150.00 1. Entity Name O.P. TRUCKING, CORP. Principal Place of Business Mailing Address 18101 NW 49 AVE 18101 NW 49 AVE OPA LOCKA FL 33055-2907 OPA LOCKA FL 33055-2907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 03-0428102 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, OTTO H Street Address (P.O. Box Number is Not Acceptable) 18101 NW 49 AVE OPA LOCKA FL 33055-2907 City Zip Code 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 es of registered agents フーリフ・ひろ SIGNÁTURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME PEREZ, OTTO H NAME 18101 NW 49 AVE STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33055-2907 CITY-ST-ZIP 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE 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 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 eath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if



July 17, 2003

To:

Florida Department Of State

Division Of Corporation

From:

OP Trucking, Corp. 18101 NW 49th Ave Miami, FL 33055

To Whom It May Concern:

This is to inform this is the first Uniform Business Report That we have received as of today; we called to speak with someone there following instructions a recorded massage told us to send a letter of explanation on this matter with a check in the amount of \$ 150.00 US dollars.

At this time we cannot understand why we never received the first one if it was mailed to us.

Thank you,

Otto H. Perez