04/29/2003 08:48 305-5513587 LEAL & ROS 5/6/2(

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Secretary of State
05-06-2003 90042 004 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000042447

1. Entity Name
SEA HORSE EXPRESS, INC.

Principal Place of Business	Mailing Address
201 RACQUET CLUB RD #322 NORTH WESTON, FL 33326	201 RACQUET CLUB RD #322 NORTH WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
80 COMMODORE DR	80 CONNODORE D[redacted]
Suite, Apt. #, etc. #420	Suite, Apt. #, etc. #420.
City & State PLANTATION	City & State PLANTATION
Zip FL — Country USA	Zip FL — Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0599663 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORALES, MANUEL E
201 RACQUET CLUB RD #322 NORTH
WESTON, FL 33326

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 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.

SIGNATURE ____________ 4/29/03.
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. MANUEL MORALES 80 COMMODORE DR #420 PLANTATION FL 33325. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 like empowered.

SIGNATURE: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #