2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P02000049457 1. Entity Name VARADERO VAN LINE EXPRESS, INC.						04-28-2008	90396 009 ***15	0.00
Principal Place 7865 104Th VERO BEACH		Mailing Address 7865 104TH COURT VERO BEACH, FL 3296	57					3 (84) (1 188)
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4148 Pershing Point H 4148 Pershing Point H								
Suite Apt.	2	Suite, Apt. #, etc.			04242008	Chg-P	CR2E034 (12/06)	
	indo	Citte State	2		4. FEI Numbe 30-008		N	pplied For ot Applicable
328 C	2 Country	^{Zip} 37827	Country			of Status Desired	See Require	ditional ed
	6. Name and Address of Current F	Name	4:-		Address of New F	Registered Agent	. <u>.</u> .	
RODRIGUEZ, HIRAN A 7865 104TH CT					P.O. Box Numbe	er is Not Acceptabl	<u> </u>	
VERO BEACH, FL 32967				4148 Perching Point PlADT 2				
				0,6	ndo	4	FL Zpc	822
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) DATE								
FILE NOWIII FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be								
After Ma	ay 1, 2008 Fee will be \$550.0			Add∈	ed to Fees	0.00	200500 1110 010000	
10. TITLE	OFFICERS AND D	Delete	. 11.	P	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR Change	S IN 11
NAME STREET ADDRESS	RODRIGUEZ, HIRAN A 7865 104TH COURT		NAME STREET ADDRESS	HIL	an A	rading Do	int Pl Abt	['] Z
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP	Orto	ando,	2/2 328	725	
TITLE NAME	VP GARCIA, HILDA S	☐ Delete	TITLE NAME	12/	la c	micia	Change	Addition
STREET ADDRESS	7865 104TH CT		STREET ADDRESS	414	8 Peg-	hing f	Bint PlAJ	MZ
CITY-ST-ZIP TITLE	VERO BEACH, FL 32967	☐ Delete	CITY-ST-ZIP	CVI	ando,	F1030	Change □	Addition
NAME		bolice	NAME					
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	'				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					ļ
CITY-ST-ZIP			CITY-ST-ZIP				_	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition ↓
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE				☐ Change	Addition
NAME		L Detete	NAME				Change	☐ AQUIIION [
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP					
12. Thereby o	ertify that the information supplied with t	his filing does not qualify for	the exemptions	contained	in Chapter 119	Florida Statutes. I	further certify that the in	nformation
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.								