


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90001 049 ***150.00

DOCUMENT # P02000060386	
1. Entity Name HAMDIN EXPRESS TRUCKING, INC.	

Principal Place of Business 10535 LEM TURNER RD APT. 924 JACKSONVILLE, FL 32218	Mailing Address 10535 LEM TURNER RD APT. 924 JACKSONVILLE, FL 32218
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04014152

2. Principal Place of Business 1680-17 DUNN Ave	3. Mailing Address PO Box 28576
Suite, Apt. #, etc.	Suite, Apt. #, etc.



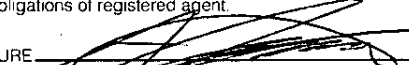
02262004 Chg-P CR2E034 (10/03)

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32218	Zip 32218
Country US	Country US

4. FEI Number 33-1006530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AHMAD, AHMAD 10535 LEM TURNER RD APT. 924 JACKSONVILLE, FL 32218	
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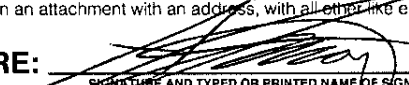
7. Name and Address of New Registered Agent Name AHMAD AHMAD Street Address (P.O. Box Number is Not Acceptable) 1680-17 DUNN Ave City JACKSONVILLE FL Zip Code 32218	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME AHMAD, AHMAD	
STREET ADDRESS 10535 LEM TURNER RD APT 924	
CITY-ST-ZIP JACKSONVILLE, FL 32218	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME ZAIDI, HADDAR AL	
STREET ADDRESS 4237 KELLEY STREET	
CITY-ST-ZIP JACKSONVILLE, FL 32226	
TITLE S	<input type="checkbox"/> Delete
NAME AHMAD, NASH	
STREET ADDRESS 9731 SW 213 TERRACE ST	
CITY-ST-ZIP MIAMI, FL 33189	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME MARAR, OMAR	
STREET ADDRESS 3737 ST JOHNS BLUFF RD	
CITY-ST-ZIP JACKSONVILLE, FL 32226	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AHMAD AHMAD	
STREET ADDRESS 1680-17 DUNN Ave	
CITY-ST-ZIP JACKSONVILLE FL 32218	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: 	Date 3-26-04 Daytime Phone #