FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

02-14-2005 90067 007 ***150.00

05 JUL -1 AM 11:46

SEC... TALLAHA... FLORIDA

50014838

DOCUMENT # P02000076818

1. Entity Name: Coribe Trucking Express INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11401 SW 40 St	1810 SW 103 AVE
Suite, Apt. #, etc.: 331	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State: Miami, FL
Zip: 33165 Country: USA	Zip: 33165 Country: USA

FEI Number: 16-1185627 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carlos A. Bruguera

Street Address (P.O. Box Number is Not Acceptable): 1810 S.W. 103 Ave

City: Miami FL Zip Code: 33165

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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Carlos Bruguera
STREET ADDRESS	1810 S.W. 103 Ave
CITY-ST-ZIP	Miami FL 33165
TITLE	P
NAME	Camilo Prieto
STREET ADDRESS	14225 S.W. 90th Terr
CITY-ST-ZIP	Miami FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Prieto 2/9/05 305-223-4213

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