FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093051

1. Entity Name
INLINE TRANSPORT, INC.

11013893

Principal Place of Business	Mailing Address
20180 NW 46TH AVENUE MIAMI, FL 33055	20180 NW 46TH AVENUE MIAMI, FL 33055

2. Principal Place of Business	3. Mailing Address
17424 NW 62 Place	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33015 Country: Dade	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2070020 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORENO, LUIS 20180 NW 46TH AVENUE MIAMI, FL 33055	Name: Luis Moreno Street Address (P.O. Box Number is Not Acceptable): 17424 NW 62 Place City: Miami FL Zip Code 33015

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] DATE 4-21-03

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, LUIS 20180 NW 46TH AVENUE MIAMI, FL 33055 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Luis Moreno 17424 NW 62 Place Miami, FL 33015 ☒ 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] 4-21-03

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