2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094154 DOUBLE J LOGISTICS, INC. Principal Place of Business Mailing Address 505 N.W. 177TH ST. APT. #204 505 N.W. 177TH ST. APT. #204 MIAMI, FL 33169 MIAMI, FL 33169 No Chg-P 01292004 CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0028572 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE HERNANDEZ, JOSUE 5220 N.W. 72ND AVE. BAY #23A MIAMI, FL 33166 IN THIS SPACE 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, Lem familiar with, and accept the obligations of registered agent. 02/05/04-80034-009 150.00 (NOTE Registered Agent signature required when reinstalling) Signature, funed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HERNANDEZ, JOSUE 5220 N.W. 72ND AVE. BAY #23A STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THEE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii). 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR