


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90276 014 ***158.75

DOCUMENT # P02000111333	
1. Entity Name W & C TRANSPORT, INC.	

Principal Place of Business 1048 W 30 ST HIALEAH, FL 33012	Mailing Address 1048 W 30 ST HIALEAH, FL 33012
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54043737

2. Principal Place of Business 1255 W Okechobee Road	3. Mailing Address 1255 W Okechobee Road
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State Hialeah FL	City & State Hialeah FL
Zip 33010	Country
Country	Zip 33010
Country	Country

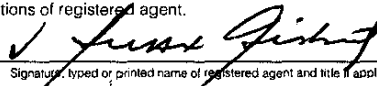
4. FEI Number
92-0181982

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

6. Name and Address of Current Registered Agent CUADRADO, WILFREDO 1048 W 30 ST HIALEAH, FL 33012	
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7. Name and Address of New Registered Agent	
Name JUAN J GIBERT	
Street Address (P.O. Box Number is Not Acceptable) 1255 W Okechobee Road suite 1	
City Hialeah	FL Zip Code 33010

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 **4/26/4**
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, 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 P	<input type="checkbox"/> Delete
NAME GISBERT, JUAN J	
STREET ADDRESS 1048 W 30 ST	
CITY-ST-ZIP HIALEAH, FL 33012	
TITLE V	<input type="checkbox"/> Delete
NAME MAYA, ROBERTO	
STREET ADDRESS 1048 W 30 ST	
CITY-ST-ZIP HIALEAH, FL 33012	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gisbert, Juan J	
STREET ADDRESS 1255 W Okechobee Road suite 1	
CITY-ST-ZIP Hialeah FL 33010	
TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maya Roberto	
STREET ADDRESS 1255 W Okechobee Road suite 1	
CITY-ST-ZIP Hialeah FL 33010	
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 another like empowered.

SIGNATURE:  DATE **4/26/4** (786) 251-2015.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR