2004 FOR PROFIT CORPORATION ANNUAL REPORT May 17, 2004 8:00 am Secretary of State DOCUMENT # P 02 00 0/2 4/86 05-17-2004 90011 048 ***150.00 O. Jiron Moulu6 and Delivery INC Mailing Address Principal Place of Business 1360 SW 3RD ST #3 1360 SW 3-RD S+ #3. Mlami PL 33135-2344 Mlami, FL 33135-2344 24075533 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) 4. FEI Number City & State Applied For City & State 46-0508680 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIRON OSCAR R. Street Address (P.O. Box Number is Not Acceptable) 1360 SW 3 S+ #3 Migui FL 33135. Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE JIRON OSCAR R NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITE F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IP

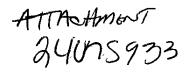
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 305-642-2418

Daving Phone #



Tuesday, May 11, 2004

O. JIRON MOVING AND DELIVERY INC. 1360 S.W. 3RD ST, # 3 MIAMI, FLORIDA 33135

REF # PO2000124186 ANNUAL REPORT

To Whom It May Concern:

AS PER OUR CONVERSATION THIS MORNING, I AM SENDING YOU A CHECK THAT I FORGOT TO INCLUDE ON THE FIRST DOCUMENT THAT I SENT. I AM ALSO SENDING YOU ANOTHER ANNUAL REPORT AS YOU SUGGESTED WITH THE CHECK.

THANK YOU

OSCAR HRON