FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 11, 2003 8:00 am Secretary of State P02000125451 DOCUMENT # 04-11-2003 90096 043 ***150.00 1. Entity Name CWB TRANSPORTATION, INC. Principal Place of Business Mailing Address 70037910 800 SW 6 AVENUE 800 SW 6 AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 4223825 Not Applicable Zip Country Zip 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 Name LEGAL ZOOM NEVADA, INC. Street Address (P.O. Box Number is Not Acceptable) 395 ALHAMBRA CIRCLE, SUITE 301 CORAL GABLES FL 33134 City 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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. resident TITLE Delete TITLE Change Addition andace Bishop wayne Bishi NAME NAME 3,W. 6 Avenue 5.W. GAVE. STREET ADDRESS STREET ADDRESS Hallandale, FL 33009 tallandale, FC CITY-ST-ZIP CITY-ST-ZIP 33009 reasurer TITLE Delete TITLE reasurer Change ☐ Addition ndace Bishor NAME NAME wayne Bishop 4 A've S.W. LANE. STREET ADDRESS STREET ADDRESS 5 W allandale FL 33:009 Hallandale FE 33009 CITY-ST-ZIP CITY - ST - ZIP secretary Wayne Bishop TITLE Delete TITLE Change ☐ Addition NAME NAME 5. W. 6 AUE. STREET ADDRESS STREET ADDRESS 800 S.W. GAVE FL 33009 CITY-ST-ZIP CITY-ST-ZIP allandale ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #