FILED Jul 21, 2004 8:00 am **Secretary of State**

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07-21-2004 90029 014 ***150.00 DOCUMENT # P02000126254 RUDY EXPRESS CORP. Principal Place of Business Mailing Address 12401 W. OKEECHOBEE RD., SUITE 171 12401 W. OKEECHOBEE RD., SUITE 171 44049303 HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Chq-P · CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 16-1643944 Not Applicable -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 Name BRAVO, MARIBEL Street Address (P.O. Box Number is Not Acceptable) 12401 W. OKEECHOBEE RD., SUITE 171 HIALEAH GARDENS, FL 33018 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 agent 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. In accordance with s. 607:193(2)(b), E.S., the Trust Fund Contribution. Due by September 8, 2004 corporation did not receive the prior notice. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE " ☐ Delete TITLE ☐ Change ☐ Addition BERNAL, RODOLFO NAME NAME STREET ADDRESS 12401 W. OKEECHOBEE RD., SUITE 171 STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRAVO, MARIBEL NAME STREET ADDRESS 12401 W. OKEECHOBEE RD., SUITE 171 STREET ADDRESS HIALEAH GARDENS, FL 33018 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Affachment 44049303

6/29/2004

To Whom It May Concern:

I Rodolfo Bernal Owner of Rudy Express Corp. Requested the Annual Report form by mail on March, I did not received any form at all. So I have to go to carrier service to get the form information. If you have any questions Please call me at 786 223-8579

0200012625

Thank you,

Rodolfo Bernal

Rudy Express Corp.

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