

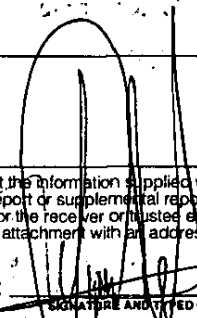


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 048 ***150.00

DOCUMENT # P02000133034 1. Entity Name MTZ TRUCKING SERVICE, INC.					
Principal Place of Business 18375 SW 296TH ST HOMESTEAD, FL 33030			Mailing Address 18375 SW 296TH ST HOMESTEAD, FL 33030		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 30-0132308	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZEROLO, MIGUEL 18375 SW 296TH ST HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZEROLO, MIGUEL 18375 SW 296TH ST HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YOEL MOREIRA 17970 SW 296th Street #A Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			07/03/04 786-255-0747		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Attachment

54063503

MTZ TRUCKING SERVICE, INC.
18375 SW 296th Street
Homestead, FL 33030
305-242-0134

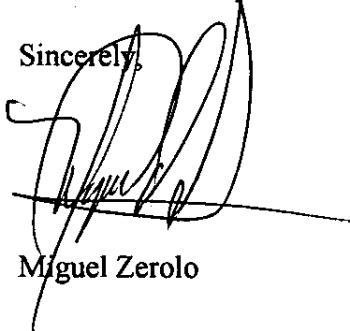
July 3, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

I, Miguel Zerolo, president of MTZ TRUCKING SERVICE, INC., document #P02000133034 hereby state that I just received the Notice of Administrative Dissolution or Revocation of my above stated company from your office and that I did not received the prior two Uniform Business Reports that you mention in your notice. Therefore I would like to reinstate my company without penalty and to that effect I am enclosing my check in the amount of \$150.00 to cover the filing fee plus the application for reinstatement duly executed.

Sincerely,



Miguel Zerolo

MZ/hm

Encl.