2004 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUN -9 PM 3:19

DOCUMENT # P03000021876

1. Entity Name
New Dreams Trucking USA, Inc

Principal Place of Business	Mailing Address
18118 S.W 142nd Ct. Miami FL 33177-7611	

06072004 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	18118 S.W 142nd Ct Suite, Apt. #, etc.
City & State	City & State: Miami FL
Zip / Country	Zip: 33177 Country: Dade

4. FEI Number: 25-1902726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Sanders, Berta M 9550 NW 77 Ave Hialeah Gardens FL 33016	Name: Raul Amaya Street Address (P.O. Box Number is Not Acceptable): 436 Oriole Avenue City: Miami Springs FL Zip Code: 33166

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] 5/15/05
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES Salinas Wilfredo 9550 NW 77 Ave Hialeah Gardens FL 33016	☑ Delete	Pres Salinas Wilfredo 18118 SW 142nd Ct Miami FL 33177-7611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lopez, Ramona 9550 NW 77 Ave Hialeah Gardens FL 33016	☑ Delete	VP Lopez, Ramona Yolanda 18118 SW 142nd Ct Miami FL 33177-7611	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC	☐ Delete	600056153926 06/14/05--01046--021 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 5/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

B