2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P03000027890 1. Entity Name RUSH HOUR SERVICE, CORP.					04-28-2004 90213 045 ***150.00				
Principal Place of Business 4911 NW 91ST TERR. SUNRISE, FL 33351		Mailing Address 4911 NW 91ST TERR. SUNRISE, FL 33351		·		14009905			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242004	Chg-P	CR2E034 (10	/03)	
City & State		City & State			4. FEI Number	374593	32		olied For Applicable
Zip			Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. Name and /	Address of New R	egistered Agent		
SUGAL ARA MARGARITA				Name					
ENCALADA, MARGARITA 4911 NW 91ST TERR SUNRISE, FL 33352				Street Address (P.O. Box Number is Not Acceptable)					
				City			F ∎ Zii	p Code	
	named entity submits this statement ons of registered agent.	for the purpose of changing its	register	ed office or regist	tered agent, or both	i, in the State of Fig	orida. I am familia	with, a	ind accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registere	nd Agent signature requi	red when reinstating)		DATE		
FIL	E NOWIN FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cont			5.00 May Be dded to Fees	······································	. , , , , ,		
10.	OFFICERS AN	D DIRECTORS	11,		ADDITIONS/0	HANGES TO OFF	CERS AND DIREC	CTORS	IN 11
TITLE	D A	☐ Delete	TITL				□ CI		Addition
NAME	ENCALADA, MARGARITA	•	NAM	(E					
STREET ADDRESS	4911 NW 91ST TERR.			EET ADDRESS					
CITY-ST-ZIP	SUNRISE, FL 33351			/-ST-ZIP					T and a
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CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE	1	☐ Delete	TITL	.E.			□ C	nange	☐ Addition
NAME			NAλ						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					
	cortify that the information countied w	ith this filing does not qualify fo			Section 110 07/3Vi	Florida Statutos	I further cortifu the	t the in	formation
indicated	certify that the information supplied w on this report or supplemental repor	t is true and accurate and that i	my signa	ature shall have th	ne same legal effect	as if made under	oath: that I am an	officer of	or director

of the corporation or the receiver or suppremental 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.

SIGNATURÉ: