2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P03000049963 1. Entity Name 04-01-2004 90024 009 ***150.00 KNIGHTRIDER TRUCKING, INC. Principal Place of Business Mailing Address 8950 SOUTHWEST 142ND AVENUE 8950 SOUTHWEST 142ND AVENUE **APT 92** 94040992 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 8950 SOUTHWEST 142 AVENUE 8950 SOUTHWEST 142 AVENUE Suite, Apt. #, etc. APT 920 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 3186 33186 MIAMI FL MIAMI 20-00 17 390 Not Applicable 33186 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired u.s. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 agont and fitte if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. PRESIDENT WHITE, JEFFREY P 8950 S.W 142 AVE # 20 TITLE PSTD TITLE ☐ Change ☐ Delete ☐ Addition NAME WHITE, JEFFREY P NAME 15102 SOUTHWEST 104TH STREET #817 STREET ADDRESS STREET ADDRESS MIAMI IFL 33186 CtTY-ST-ZtP MIAMI FL 33196 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

3-24-04

FILED