2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State **DOCUMENT # P03000065376** 07-12-2004 90019 032 ***150.00 LINE TRUCK CITY INC. Principal Place of Business Mailing Address 0400T3J3 7835 W. 30 CT., #206 7835 W. 30 CT., #206 HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 3. Mailing Address 5185 SW 157 are. 9833 NW 115TH Suite, Apt. #, etc. Suite, Apt. #, etc. 06292004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number MIRARIAR 57-1181439 Not Applicable medley-Country \$8.75 Additional 5. Certificate of Status Desired 33,78-1140 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTANA, ARMANDO F Street Address (P.O. Box Number is Not Acceptable) 7835 W. 30 CT., #206 HIALEAH, FL 33018 Zip Code 3 ろのス MIRAMAR 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. 17 îlife. 😲 PΩ TITI F Delete 5185 SW 157 are NAME SANTANA, ARMANDO F NAME 7835 W. 30 CT., #206 STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33027 HIALEAH, FL 33018 CITY-ST-ZIP CITY-ST-ZIP **™** Change TITLE ☐ Delete TITLE 5185 SW 157 are CAICEDO, FRANCIA E NAME NAME STREET ADDRESS 7835 W. 30 CT., #206 MIRAMAR, FL 33027 STREET ADDRESS :HIALEAH; EL .33018-CITY-ST-ZIP CITY-ST-ZIP-Delete TITLE 5185 SW 157 are ALVAREZ, GLORIA E NAME NAME STREET ADDRESS MIRAMAR, FL 33027 STREET ADDRESS 7835 W. 30 CT., #206 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-7IP ☐ Addition ☐ Delete TITI.E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED Jul 12, 2004 8:00 am