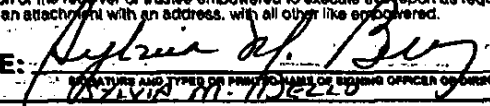


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-04-2004 90045 044 ***150.00

DOCUMENT # P03000067694					
1. Entity Name PORTSIDE TRUCKING, INC.					
Principal Place of Business 10125 NW 87 AVE MEDLEY, FL 33178			Mailing Address 10125 NW 87 AVE MEDLEY, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0053859	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLO, ALBERTO E 10125 NW 87 AVE MEDLEY, FL 33178			7. Name and Address of New Registered Agent ALBERTO E. BELLO 14171 Leaning Pine Dr. Miami Lakes, FL 33014		
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 				DATE 1/23/04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BELLO, ALBERT E 10125 NW 87 AVE MEDLEY, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	14171 Leaning Pine Dr. Miami Lakes, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BELLO, DANIEL A 10125 NW 87 AVE MEDLEY, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	14171 Leaning Pine Dr. Miami Lakes, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST BELLO, SYLVIA M 10125 NW 87 AVE MEDLEY, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	14171 Leaning Pine Dr. Miami Lakes, FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ 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)(f), 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: 				DATE 1/23/04 305-885-6006	
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR					