D T FAX NO. : 9542416967 Dec. 01 2004 02:57PM P1

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
05 MAR 11 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/19/04 90413 035 150.00

REINSTATEMENT

04-05

DOCUMENT # P03000076613

1. Entity Name
SOUTH DIXIE TRANSPORT, INC.

Principal Place of Business	Mailing Address
~~2340 NORTH DIXIE HIGHWAY HOLLYWOOD FL 33020 US~~	2340 NORTH DIXIE HIGHWAY ~~HOLLYWOOD FL 33020 US~~

2. Principal Place of Business	3. Mailing Address
1109 N 21 AVE	
Suite, Apt. #, etc.: SUITE # 104	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State
Zip: 33020 Country: BROWARD	Zip / Country

4. FEI Number: 13-4258096 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ORTIZ, JULIO
2340 NORTH DIXIE HIGHWAY
MIAMI FL 33020

7. Name and Address of New Registered Agent
Name: 1109 N 21 AVE STE 104
Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33020
City FL 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	JULIO ORTIZ	
STREET ADDRESS	2200 E HALLANDALE #209	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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03/22/05--01025--023 **150.00

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] 4/16/04 954-925-2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #