


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90120 046 \*\*\*150.00

<b>DOCUMENT # P03000099858</b> 1. Entity Name <b>LIGHTNING MOVING, INC.</b>																																																																							
Principal Place of Business <b>240 SW 10 AVE. HALLANDALE BEACH, FL 33009</b>			Mailing Address <b>240 SW 10 AVE. HALLANDALE BEACH, FL 33009</b>																																																																				
2. Principal Place of Business <b>240 SW 10 AVE</b>		3. Mailing Address <b>same</b>																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08062004 Chg-P CR2E034 (10/03)																																																																			
City & State <b>Hallandale FL</b>		City & State		4. FEI Number <b>27-0067601</b>																																																																			
Zip <b>33009</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																			
6. Name and Address of Current Registered Agent  <b>ROSEN, BARAK 240 S.W. 10TH AVE. HALLANDALE BEACH, FL 33009</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Barak Rosen</i></u> <span style="float: right;">9/1/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">NAME</td> <td style="width: 34%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">NAME</td> <td style="width: 34%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> <b>officer Barak Rosen 240 SW 10 AVE Hallandale 33009 FL</b> </td> <td colspan="3"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td colspan="3"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		<b>officer Barak Rosen 240 SW 10 AVE Hallandale 33009 FL</b>																																									
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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; changed, or on an attachment with an address, with all other like empowered.																																																																							
SIGNATURE: <u><i>Barak Rosen</i></u> <span style="float: right;">9/1/04 954-454-2354</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																							