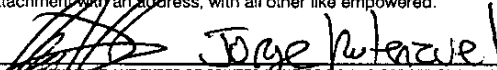


04-22-2005 90280 026 ***150.00

DOCUMENT # P03000103650 1. Entity Name TRUCKLAND USA CORP.						Secretary of State 04-22-2005 90280 026 ***150.00	
Principal Place of Business 24141-A S DIXIE HWY. HOMESTEAD, FL 33032				Mailing Address 24141-A S DIXIE HWY. HOMESTEAD, FL 33032			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
						03222005 Chg-P CR2E034 (10/03)	
				4. FEI Number 20-0308532		Applied For Not Applicable	
				5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, SOTERO 13843 SW 281 ST. HOMESTEAD, FL 33033				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				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				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
Delete ☐				Change ☐ Addition ☐			
VP VALENZUELA, JORGE A 13843 SW 281 ST. HOMESTEAD, FL 33033				VP VALENZUELA, JORGE A 13843 SW 281 ST. HOMESTEAD, FL 33033			
Delete ☐				Change ☐ Addition ☐			
Delete ☐				Change ☐ Addition ☐			
Delete ☐				Change ☐ Addition ☐			
Delete ☐				Change ☐ Addition ☐			
Delete ☐				Change ☐ Addition ☐			
Delete ☐				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)(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: 				4/20/05 (85) 258-2135			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			