2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2005 8:00 am Secretary of State DOCUMENT # P03000112397 05-02-2005 90466 043 ***150.00 1. Entity Name REY AUTO TRANSPORT, INC. Principal Place of Business Mailing Address 27 NW 76 COURT 27 NW 76 COURT MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04082005 Chg-P City & State City & State 4. FEI Number Applied For 20-0278535 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Santana Kernaldo SANTANA, REINALDO Street Address (P.O. Box Number is Not Acceptable) 27 NW 76 COURT MIAMI, FL 33126 Miami 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE 🔀 Changé Addition TITLE SANTANA, REINALDO Santana, Reinaldo JR. NAME NAME 27 NW 76 COURT STREET ADDRESS 27 N.W 76 court. STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP MIAMI, FL 33126 Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trusted amnowered 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 a raddress, with all other like empowered.

FILED

Daytime Phone #