FILED DOCUMENT #593 N.W.7 Itr Street, Suite 203, Miami, Fig. Telephone (305) 541-3980 / Fax (305) 541-7033 H.B. TRANSPORT, INC. Principal Place of Business Mailing Address 20 S.W. 108 AVE F4 ___ 20 S.W. 108 AVE F4 MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03092005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 20-0364234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATAMOROS, MARTHA I Street Address (P.O. Box Number is Not Acceptable) 20 S.W. 108 AVE F4 MIAMI, FL 33174 City Zip Code FL 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPS TITLE TITLE ☐ Change Addition Delete MATAMOROS, MARTHA I NAME NAME STREET ADDRESS 20 S.W. 108 AVE F4 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP DVT ☐ Change Addition Delete TITLE THE NAME BAEZ, HENRY NAME U00000365069 05/09/05-80022-006 150.00 STREET ADDRESS 20 S.W. 108 AVE F4 STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 all address with all after like empowered.

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