2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jun 01, 2005 8:00 am Secretary of State DOCUMENT # P03000149822 06-01-2005 90017 039 ***150.00 KERÉNI TRUCKING CORP. Principal Place of Business Mailing Address 40086716 13885 S.W. 9TH STREET 13885 S.W. 9TH STREET MIAMI, FL 33184 MIAMI, FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05272005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4 FEI Number 59-3773306 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROMERO, RENATO O Street Address (P.O. Box Number is Not Acceptable) 13885 S.W. 9TH STREET MIAMI, FL 33184 City 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 (ninned name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROMERO, RENATO O NAME NAME STREET ADDRESS 13885 S.W. 9TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33184 TiTLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CC Y-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAM² NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 people either 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED