2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P0400007321 04-14-2005 90082 031 ***150.00 1. Entity Name ROAD KING EXPRESS, INC Principal Place of Business Mailing Address 8100 WETS 18 LANE 8100 WETS 18 LANE HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business \$100 West 3. Mailing Address 8100 6 Suite, Apt. #, etc. Suite, Apt. #, etc 04092005 Chg-P CR2E034 (10/03) It's State 4. FEI Number Applied For City & State 20-0578860 Not Applicable Catholicy (\$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 THE SIMPLEX GROUP BUILDING Street Address (P.O. Box Number is Not Acceptable) 5800 NW 74 AVE MIAMI, FL 33166 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ...**\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 ey 🔲 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Detete TETLE ERBITI, YENY DE NAME NAME STREET ADDRESS STREET ADDRESS 8100 WEST 18 LANE CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE-Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , ☐ Change ☐ Addition TITLE ☐ Delete NAME 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 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.

FILED