2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104160 06-30-2008 90022 012 ***150.00 1. Entity Name RPB TRANSPORT, CORP Principal Place of Business Mailing Address 40109326 14003 SW 49TH ST 14003 SW 49TH ST MIRAMAR, FL 33027 MIRAMAR, FL 33027 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5070 W 5670 V Suite, Apt. #, etc. Suite, Apt. #, etc. 06262008 Chg-P CR2E034 (12/06) City & State Applied For 4. FELNumber City & State talean 20-1358460 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired バミ ()5 30 I Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANCO, ROXANA Street Address (P.O. Box Number is Not Acceptable) 14003 SW 49TH ST MIRAMAR, FL 33027 Zip Code 33012 8. The above named entity submits this statement for the purpose of changing its registered office or regithe obligations of pegistered agent. stered agent, or both, in the State of Florida. I am familiar with, and accept 6-26-08 Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE PERDOMO, RANCE NAME NAME STREET ADDRESS 14003 SW 49TH ST STREET ADDRESS CHY ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP VP ☐ Delete TITLE ☐ Change Addition TITLE NAME BLANCO, ROXANA NAME STREET ADDRESS 14003 SW 49TH ST STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-ZIP CITY ST-ZIP ☐ Change Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP Delete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 ATURE AND JUPEO OR PRI

FILED Jun 30, 2008 8:00 am

Secretary of State