2005 FOR PROFIT CORPORATION

FILED Sep 09, 2005 8:00 am Secretary of State 09-09-2005 90030 003 ***150.00 2nd MOORE CR2E034 (5/05) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Zip Code 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition Change ☐ Addition Change □ Addition

ANNUAL REPORT (AR)

DOCUMENT # P04000125352

1. Entity Name 954 MOVING AND STORAGE, INC. Mailing Address

Principal Place of Business 1109 N.E. 15TH STREET FT. LAUDERDALE FL 33304 1109 N.E. 15TH STREET FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent HERNANDEZ; NICHOLAS SCOTT Street Address (P.O. Box Number is Not Acceptable) 1109 N.E. 15TH STREET FT. LAUDERDALE FL 33304 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 age FILE NOW!!! FEE IS \$550.00 S.607, 193(2)(b), F.S., allows for the waiver of the \$400,00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. DUE BY September 7, 2005 did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Defete HERNANDEZ, NICHOLAS SCOTT NAME NAME 1109 N.E. 15TH STREET STREET ADDRESS STREFT ADDRESS FT. LAUDERDALE FL 33304 CHY-ST-7IP CITY-ST-7/P TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JITI E Delete-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 ☐ Delete Change ■ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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. (954)

CITY-ST-7IP

CITY-ST-7/P

Hernandez President 8-30-05