2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P04000162930** 04-28-2006 90174 050 ***150.00 1. Entity Name EXCÉSS BAGGAGE SERVICES, INC. 40069497 Mailing Address Principal Place of Business 1001 BRICKELL BAY DR 1001 BRICKELL BAY DR 9TH AVE 9TH FLOOR 9TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 4005 N.W. 28 STREET 4005 N.W. 28 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number MIAMI, FL. MIAMI, FL. 20-2054338 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33176 33176 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINDER, DEBORAH INCERA, RAUL Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DR 9TH FLOOR 🦪 MIAMI, FL 33131 City Zip Code MIAMI 33176 8. The above named entity submits this statement 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 re-(NOTE: Registered Agent signature required when reinstating) DATE id or printed name of registered agent and tide if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. XI Change Addition TITLE ☐ Delete TITLE ROLLINS, SYLVESTER A ROLLINS, SYLVESTER A NAME NAME 4005 N.W. 28 STREET STREET ADDRESS 1001 BRICKELL BAY DR 9TH FLOOR STREET ADORESS MIAMI, FL. 33142 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Delete TITLE D/S ☐ Change X Addition TRILE ROLLINS, ANDREA 4005 N.W. 28 STREET NAME ROAD, HARROLD NAME 1001 BRICKELL BAY DR 9TH FLOOR STREET ADDRESS STREET ADDRESS MIAMI, FL. 33142 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIF X Addition ☐ Delete TITLE ☐ Change TITLE PINDER, DEBORAH NAME NAME 11135 SW 138 ST STREET ADDRESS STREET ADDRESS MIAMI, FL. 33176 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 oath; that I am an officer or director of the corporation of the seceiver 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 attackment with an address, with all other like empowered.

SIGNATURE

SYLVESTER A. ROLLINS, PRESIDENT APRIL 10, 2006 305-871-0571

FILED