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SIGNATURE:

## FILED Mar 03, 2008 08:00 A Secretary of State DOCUMENT # P06000106471 J. A. CUSIDO TRUCKIING, INC. Principal Place of Business Mailing Address 3375 RANDALL BLVD. 3375 RANDALL BLVD. NAPLES FL 34120 US NAPLES FL 34120 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-5379074 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSIDO, JUAN ANTONIO Street Address (P.O. Box Number is Not Acceptable) 3375 RANDEL BLVD NAPLES FL 34120 City Zin Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squalure, typed or primed harde of registered apentiand the flappicable. (putationer nerw haruper stutional maga berusageR BTC/II) DATE FILE NOW!!! FEE,IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME CUSIDO, JUAN ANTONIO NAME 1100000844332 3375 RANDALL BLVD. STREET ADDRESS STREET ADDRESS 03/12/08-80031-025 150.00 CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 atjachment with an address, with all other like empowered.