2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # P07000052024** 04-28-2008 90330 043 ***150.00 1. Entity Name J.JR -USA TRANSPORTATION CORP Principal Place of Business Mailing Address 8846 W. FLAGLER ST. 8846 W. FLAGLER ST. SUITE 3 SUITE 3 MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc 04012008 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 8955270 Not Applicable Country Zip Zip Country \$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 HUEZO, JOSE A JR Street Address (P.O. Box Number is Not Acceptable) 8846 W. FLAGLER ST. SUITE 3 MIAMI, FL 33174 City Zip Code FI 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00.May.Be. 9. Election Campaign Financing FILE-NOW!!!-FEE-18-\$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Change Addition TITLE ☐ Delete HUEZO, JOSE A JR NAME NAME 8846 W. FLAGLER ST. SUITE 3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP CITY-ST-ZIP Delete Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 or the receiver of this empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the empowered.

address, with all other like empowered

changed, or on an att

SIGNATURE: