2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P O BOX 650678

MIAMI FL 33265-0678

P93000072542 DOCUMENT

1. Entity Name

4554 SW 132 CT

MIAMI FL 33175

Principal Place of Business

EXPRESS INTERNATIONAL FORWARDERS, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90525 043 ***150.00

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| MIAMI FL 33175 CITY-ST-ZIP | Principal Place of Business 3. Mailing Address | | | | | | | | | |
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| City & State City & State City & State City & State A. FEI Number St-0443140 Applied for Not Applied for | | | _ | | | | | | | |
| Typ Country Zip Country S. Certificate of Status Desired S.75 Additional Fee Required S.75 Additional F | Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required State State Street Address of New Registered Agent T. Name and Address of New Registered Agent T. | City & State | | City & State | City & State | | | SE-MAY1MA | | | |
| BYRN, MARK J 444 BRICKELL AVE #750 MAIM FL 33131 City FL Zip Code City FL Zip Cod | Zip | Country | Zip | Zip Count | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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, and that it applicable. ROTE Registered Agent Signature received agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida agent a | 6. Na | | 7. Name and Address of New Registered Agent | | | | | | | |
| ### BRICKELL AVE #750 #### BRICKELL AVE #750 ################################## | | | Name | | | | | | | |
| MAIM FL 33131 8. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent. The colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the colliquions of registered agent, or both, in the State of Fiorida agent, or both, in the State of Fiorida agent agent addition. State Adoless of Fiorida agent and addition of Fiorida agent and a | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered editice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signature | | ± #/50 | | | | | 177-14-711-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | |
| 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 | MAIMI FL 33131 | `\ | | | | | | | | |
| SIGNATURE FILE NOW!!! FEE IS \$150.00 | | | | City [*] | | F | L Zip Coo | e | | |
| SIGNATURE Signature, hyped or printed name of registered appert and little if appropriate Page | 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 | | | | | | | | | |
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| 12. Thereby 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 | | the information and the | | | | . 0 1 : | 40.07(0)() Flacks 0 | | | |

Thereby 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 impowered 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.

GNATURE:

NAURA A PAZ PRESIDENTIFE DAY 17/2003 305–470–9790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

SIGNATURE: