2004 FOR PROFIT CORPORATION

May 14, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P93000084706 05-14-2004 90010 019 ***150.00 .1. Entity Name EXCLUSIVE TRANSPORTATION SYSTEMS, INC. Principal Place of Business Mailing Address 9545 NW-13 ST-P.O. BOX 521092 MIAMI, FL -33172 MHAMI, FL 33152 3. Mailing Address 2. Principal Place of Business P.O. Box 52277 8100 Suite, Apt. #, etc. Suite, Apt. #, etc. 03012003 Chg-P. CR2E034 (10/03). City & State City & State 4. FEI Number Applied For MIANI, FL DORAL 65-0453683 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired -33152 MIAMI-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 33/22 VALDOS, RUBEN 9545 NW 13 OT MIAMI, FL 33172-23/22 CIADORAL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!? FEE IS \$550.00 \$5.00 May Be \Box -Trust Fund Contribution. Added to Fees "Due by September 8, 2004" ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. RUBEN VALDES Change Addition TITLE ☐ Delete TITLE VALDES, RUBEN NAME NAME STREET ADDRESS 9545 NW 13 ST STREET ADDRESS MIAMI EL 33172 CITY-ST-ZIP 33122 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition TITLE Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filling 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OF REINTED NAME OF SIGNING OFFICER OR DIRECTOR