Secretary of Set	20	005 FOR PROF	//FILED			
### Applied Flore of Business					Jan 21, 2005 08:00 AM Secretary of State	
### AMPA HE 33624 2. Principal Place of Business _ 3. Melling Address Sulle, Apt. #, etc. Sulle, Act. #, etc. 1st MOORE CR26934 (1004) City & State Country Zo Country S. Certificate of State Desired \$8.75 Additional Fee Required Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of N	QUICK TRIP EXPRESS FREIGHT SERVICE, INC.				JAN 1 8 2005	
TAMPA FL 33634 Principal Place of Business	Principal Pla	ce of Business	Mailing Address		7 1 11005	
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City & State Country Country See	Principal Place of Business		3. Mailing Address			
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity sitemis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roridar I am familiar with, and accept the offigations of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigations of registered agent. 9. Election Campaign Francing Spraws, passe emitted wine or registered agent, or both, in the State of Roridar I am familiar with, and accept the offigations of registered agent. 9. Election Campaign Francing Spraws, passe emitted wine or registered agent, or both, in the State of Roridar I am familiar with, and accept the offigations of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigations of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar I am familiar with, and accept the offigation of registered agent, or both, in the State of Roridar Rorida	City & Sta	ate	City & State		E0 226E217	
Agriculture	Zip	1	·	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
GYURU, ROBYN 4929-TAMPA WEST BLVD. TAMPA FL 33634 8. The above named entry submits file 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 deligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Bepartment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS OFFICERS AND DIREC					7. Name and Address of New Registered Agent	
City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered open, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Injury	GYURU, ROBYN				s (P.O. Box Number is Not Acceptable)	
8. The above named entity stibritis his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Soperation from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Soperation from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE				City	FL Zip Code	
SIGNATURE	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.					
No. PillE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State	SIGNATURE					
### Addition #	Signature, typed or printed name or registered agent and hitle if applicable (NOTE Registered Agent signature required when re-installing) DATE					
ITILE	After May 1, 2005 Fee Will Be \$550.00					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 i9.07(3)(i), Florida Statutes. I further certify that the information		certify that the information supplied with	this filling does not guidiffy for		Section 1 (9.07/3)(i). Florida Statutae Liurthar 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 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. SIGNATURE: