2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 21, 2008 8:00 am Secretary of State DOCUMENT # P94000087664 1. Entity Name 05-21-2008 90027 003 ***150.00 EYE GREEN TRUCKING SERVICES CORP. Principal Place of Business Mailing Address 16224 SW 103 ST MIAMI FL 33196 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16224 SW 1035t Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) MIAMI Applied For City & State City & State 4. FEI Number 65-0538319 Not Applicable Country Ζip Zip 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 PAGAN, JORGE Street Address (P.O. Box Number is Not Acceptable) 16224 SW 103 ST **MIAMI FL 33196** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if amplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 4 ---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 D Delete TITEF ☐ Change Addition | NAME PAGAN, JORGE NAME STREET ADDRESS 16224 SW 103 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33196** CITY-ST-ZIP TITLE ☐ Defete Change Addition DUCASSE, CECILIA HAME 16224 SW 103 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY - ST- ZIP TITLE Derete TITLE ☐ Change Addition PAGAN, JORGE V HAME STREET ADDRESS STREET ADDRESS 16224 SW 103 ST CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP Delete TITLE Addition PAGAN, ANA DE LOS ANGELES NAME NAME 16341 SW 103 TERR STREET ADDRESS STREET ADDRESS GITY-ST-ZIP **MIAMI FL 33196** CITY - ST- ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 attachment with an analysiess, with all other like empowered.

·TOGOS URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED