FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2003 8:00 am Secretary of State P95000020203 DOCUMENT # 01-27-2003 90341 033 ***150.00 BARRACUDA FREIGHT, INC. Principal Place of Business Mailing Address 29850 SW 209TH AVE 29850 SW 209TH AVE HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business Bunkerhill Ro Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For v & State & State 65-0569155 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u>vanatee</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELLERS, DANIELLE Street Address (P.O. Box Number is Not Acceptable) 29850 SW 209TH AVE HOMESTEAD FL 33030 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition SELLERS, FLETA A NAME NAME 29850 SW 209TH AVE STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33030** CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition ACOSTA, TOMAS M NAME NAME 7337 N.W. 37TH AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP Thange TITLE ☐ Delete TITLE ☐ Addition SELLERS, DANIELLE M NAME NAME 29850 SW 209TH AVE STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33030 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 changed, or on an attachment with Istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (10/02)