2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 10, 2008 08:00 Al Secretary of State **DOCUMENT # P95000026751** FLORIDA CARRIERS WEST, INC. Principal Place of Business Mailing Address 12060 NW S RIVER DR. 12060 NW S RIVER DR. MEDLEY, FL 33178 MEDLEY, FL 33178 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0574477 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ACOSTA, ESTEBAN 12060 NW.SO RIVER DRIVE IN THIS SPACE MEDLEYGABLES, FL 33178 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD U00000778536 TITLE NAME ACOSTA, ESTEBAN 01/11/08-80001-013 150.00 STREET ADDRESS 12060 NW SO RIVER DRIVE CITY-ST-ZIP MEDLEY, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ESTEBAN ACOSTA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

(305) 888~1717

Date

Daytima Phone #

FILED