2004 FOR PROFIT CORPORATION

Apr 15, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P95000039906 ROLAND TRANSPORT, INC. Principal Place of Business Mailing Address PO BOX 343745 34850 SW 213 AVE HOMESTEAD, FL 33034 US HOMESTEAD, FL 33034 US 03092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0582931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, ROLANDO DO NOT WRITE 34850 SW 213 A VE HOMESTEAD, FL 33034 IN THIS SPACE 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 liftle if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE U00000113475 04/15/04-80011-001 150.00 NAME GONZALEZ, ROLANDO STREET ADDRESS 34850 SW 213 AVE CATY - ST - ZIP HOMESTEAD, FL 33034 TSD TITLE GONZALEZ, LILLIAN NAME STREET ADDRESS 34850 SW 213 AVE CRY-ST-ZP HOMESTEAD, FL 33034 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 3131 F STREET ADDRESS CITY -ST - ZIP TITLE NAME 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 trustee empowered to be doubt this report as required by Chapter 607, Florida Statutes, and thet my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other statutes.

SIGNATURE:

CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES A MINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED