2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2004 8:00 am + Secretary of State DOCUMENT # P98000001376 1. Entity Name 04-28-2004 90188 011 ***150.00 REED TRANSPORTATION SYSTEM, INC. Principal Place of Business Mailing Address 2800 NW 100 STREET MIAMI FL 33147 2800 NW 100 STREET MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address 2800 NW 100 St 800 NW 100 S Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0804885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REED, ERNEST Street Address (P.O. Box Number is Not Acceptable) 2800 NW 100TH STREET **MIAMI FL 33147** City Zio Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 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 ☐ Change Addition REED, ERNEST NAME NAME 2800 NW 100 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP Addition VSTD ☐ Change ☐ Defete TIDE TITLE REED, WILLIE J NAME NAME STREET ADDRESS 2800 NW 100 STREET STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition JOHNSON, MARY NAME STREET ADDRESS 2800 NW 100 STREET STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ■ Addition TITLE Delete TITLE Change RODRIGUEZ, CLIFTON H CPA NAME NAME 2800 NW 100 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TIDE 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 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in

FILED