2004 FÜR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # P98000066866** 1. Entity Name SOUTH FLORIDA TRANSPORTATION GROUP CORP. 04-27-2004 90065 043 ***150 00 Mailing Address Principal Place of Business 16000 NW 7TH AVE 16000 NW 7TH AVE MIAMI, FL 33169 MIAMI, FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-P CB2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0860899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRUZ, FELIX Street Address (P.O. Box Number is Not Acceptable) 782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126, -City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D TITE E ☐ Delete TITLE Change ☐ Addition MANADA MARIO NAME CANADA, MARIO A NAME 16000 NW 7 AVENUE MIAMI, FL 33/6 STREET ADDRESS 16560 NE 6TH AVENUE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33162 COTY-ST-7IP TARAMILLO, WILLIAM E 2216 NW 72 TERL TETT E ☐ Delete TITLE Change | ☐ Addition JARAMILLO, WILLIAM E NAME NAME STREET ADDRESS 16560 NE 6TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI, FL 33162 Change TITLE ☐ Delete TITLE Addition TARAMILLO NANIO JARAMILLO, NANCY NAME STREET ADDRESS 3900 SW 133 ST STREET ADDRESS HOLLYWOOD, FL 33023 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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 if changed, or on an attachment with an address, with all other like empowered. with all other like empowered.

G OFFICER OR DIRECTOR

FILED