2004 FOR PROFIT CORPORATION

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SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2004 90343 019 ***150 00 DOCUMENT # P99000008198 SOUTH EAST TRUCKING & HEAVY EQUIPMENT CORP. 24047632 Principal Place of Business Mailing Address 7925 NW 12ST STREET 7925 NW 12ST STREET SUITE 324 SUITE 324 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 7925 NW 12TH STREET 7925 NW 12TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-P CR2E034 (10/03) SUITE 407 SUITE 407 City & State City & State 4, FEI Number Applied For 65-0889904 MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33126 USA 33126 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENRIQUE SAUMELL SAUMELL, MARIA C Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12TH STREET 7925 NW 12TH STRESET STE 324 MIAMI, FL 33126 SUITE 407 City Zip Code 33126 MIAMI Shift 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 8. The above na the obligation SIGNATURE. yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SOFFICERS AND DIRECTORS 11. ☐ Change X Addition TITLE X Delete TITLE PSTD NAME SAUMELL, MARIA C NAME ENRIQUE SAUMELL 7925 NW 12TH STREET SUITE 324 STREET ADDRESS STREET ADDRESS 7925 NW 12TH STREET SUITE 407 MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33126 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CI ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oeleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 supplies enter the end 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 of the position of the top and the end of the e

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04/16/04

Davtime Phone #