2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 07, 2004 8:00 am Secretary of State DOCUMENT # P99000041676 1. Entity Name 05-07-2004 90124 037 ***150 00 UPRIGHT BLOCK HAULING, INC. Principal Place of Business Mailing Address 16590 LAKETREE DRIVE 55-WESTON RD الهوه المعارض الماري WESTON FL 33326 ORT LAUDERDALE FL 33326 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #_etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0918830 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRIETO, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 16590 LAKETREE DRIVE WESTON FL 33326 City Zip Code 8. The above named entity submits this statement for the obligations of registared agent. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 4/26/04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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. ☐ Delete ☐ Addition TITLE TITLE PRIETO, EDWARD NAME NAME 16590 LAKETREE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 if changed, or on an attachment with an address with all other like empowered.

EDWARD PRIETO

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED