FILED
May 17, 2004 8:00 am
Secretary of State
04-27-2004 90065 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111093

1. Entity Name: L & N TRANSFER, INC.

DO NOT WRITE IN THIS SPACE

66422216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2920 NW 27 St.	2920 NW 27St
Suite, Apt. #, etc.: MiaMi Fl.	Suite, Apt. #, etc.: MiaMi Fl
City & State:	City & State: Fl.
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. FEI Number: 65-0971619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leonardo Navarro

Street Address (P.O. Box Number is Not Acceptable): 2920 N.W 27 St.

City: Miami Fl. FL Zip Code: 33142

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 ______________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leonardo NaVarro-(President) 2920 N.W. 27 ST. MiaMi, FL. 33142.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #