


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J38406
 1. Entity Name
 THUNDERBIRD EXPRESS, INC.



Principal Place of Business 7033 STAPOINT CT. SUITE G WINTER PARK, FL 32792	Mailing Address P.O. BOX 4113 WINTER PARK, FL 32793
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2730555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LADAN, ZELDA M.
 4653 TIFFANY WOODS CIRCLE
 OVIEDO, FL 32765

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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

U00000125414
 04/22/04-80080-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LADAN, AMIR H. 4653 TIFFANY WOODS CIR OVIEDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LADAN, ZELDA M 4653 TIFFANY WOOD CR OVIEDO, FL
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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.

SIGNATURE:  DATE: 4/19/04 (407) 679-7636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #