


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000042707
1. Entity Name
TAINO MULTISERVICES EXPRESS, CORP.



Principal Place of Business
2828 N.W. 17TH AVENUE
MIAMI, FL 33142

Mailing Address
2828 N.W. 17TH AVENUE
MIAMI, FL 33142



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1097422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, FRANK
17452 NW 76TH COURT
MIAMI, FL 33015

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IN THIS SPACE**

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: N/A

Signature, typed or printed name of registered agent and title if 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 Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000154672
05/05/04-80006-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PENA, FRANK
STREET ADDRESS	17452 NW 76TH COURT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VD
NAME	PENA, FRANK O
STREET ADDRESS	17452 NW 76TH COURT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	TD
NAME	PENA, FRANK A
STREET ADDRESS	17452 NW 76TH COURT
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	S
NAME	PENA, MARIA
STREET ADDRESS	17452 N.W. 76TH CT.
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Frank A. Pena, Treasurer 4/27/04 (305)371-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #