

2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90047 024 ***158.75

DOCUMENT # P02000063116

1. Entity Name

GIRO EXPRESS OF SOUTH FLORIDA INC



Principal Place of Business

**3243 N. STATE RD 7
POMPANO BEACH FL 33063**

Mailing Address

**3243 N. STATE RD 7
POMPANO BEACH FL 33063**

2. Principal Place of Business

3243 N. STATE Rd. 7

Suite, Apt. #, etc.

3. Mailing Address

3243 N. STATE Rd. 7

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MARGATE, FL

City & State

MARGATE, FL

4. FEI Number

27-0013393

Applied For
Not Applicable

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BELTRAN, JOHN
3243 N STATE RD
POMPANO BEACH FL 33063**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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 **P** ☐ Delete
NAME **BELTRAN, JOHN**
STREET ADDRESS **10781 CYPRESS LAKE TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **V** ☐ Delete
NAME **BELTRAN, FRANCIA**
STREET ADDRESS **10781 CYPRESS LAKE TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2004

Date

954-9174776

Daytime Phone #