


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90007 006 \*\*\*158.75

**DOCUMENT # P02000105670**

1. Entity Name  
**SERVIXPRESS, INC.**



Principal Place of Business  
**2601 WEST 2ND AVENUE #7  
 HIALEAH, FL 33010**

Mailing Address  
**2601 WEST 2ND AVENUE #7  
 HIALEAH, FL 33010**

14066160



03222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3657861</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MESA, ELADIO  
 2601 WEST 2ND AVENUE #7  
 HIALEAH, FL 33010**

**DO NOT WRITE 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 \_\_\_\_\_ 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESA, ELADIO 2601 WEST 2ND AVENUE #7 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESA, CARMEN J 2601 WEST 2ND AVE. #7 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MESA, JAVIER 2601 WEST 2ND AVE. HIALEAH, FL 33010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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:  **4/23/04** **(805) 883-8014**

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