

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90032 018 ***150.00

DOCUMENT # P03000033765 1. Entity Name ADF Express Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2922 SW 92 Ave Suite, Apt. #, etc.		3. Mailing Address 2922 SW 92 Ave Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33165	Country Miami-Dade	Zip 33165	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1683887		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 De La Fuente Alejandro	
	Street Address (P.O. Box Number is Not Acceptable) 2922 SW 92 Ave	
	City Miami, FL	Zip Code 33165

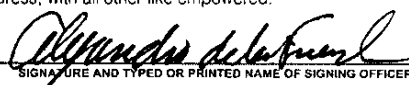
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3-24-05
(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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	De La Fuente Alejandro 2922 SW 92 Ave Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	De La Fuente Olivia 2922 SW 92 Ave Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 3-24-05 DAYTIME PHONE 305-225-5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)