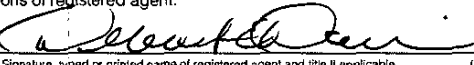


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-19-2004 90295 004 ***150.00

66425088

DOCUMENT # P03000045923 1. Entity Name BLIND EXPRESS USA, INC.					
Principal Place of Business 12201 NW 35 ST STE 536 CORAL SPRINGS, FL 33065			Mailing Address 12201 NW 35 ST STE 536 CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5252004		Chg-P		CR2E034 (10/03)	
4. FEI Number 04-3754194				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUBROW DUKER & ASSOCIATES, P.A. 2832 UNIVERSITY DR CORAL SPRINGS, FL 33065			Name Deborah Davison Street Address (P.O. Box Number is Not Acceptable) 12201 NW 35 St. #536 City Coral Springs FL Zip Code 33065		
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  5-24-04 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 Due by September 8, 2004		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOCK, MARK 12201 NW 35 ST STE 536 CORAL SPRINGS, FL 33065 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Deborah Davison 12201 NW 35 Street #536 Coral Springs, FL 33065 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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			Date 5-24-04 Daytime Phone # 954 341 1808		

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

4/19/2004-90295-004-\$150.00-\$150.00

DOCUMENT # P03000045923 1. Entity Name BLIND EXPRESS USA, INC.					
Principal Place of Business 12201 NW 35 ST STE 536 CORAL SPRINGS FL 33065			Mailing Address 12201 NW 35 ST STE 536 CORAL SPRINGS FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3754194	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUBROW-DUKER & ASSOCIATES, P.A. 2832 UNIVERSITY DR CORAL SPRINGS FL 33065				7. Name and Address of New Registered Agent Name: BLIND EXPRESS USA COMPANY Street Address (P.O. Box Number is Not Acceptable): 1230 W. Sample Rd. City: CORAL SPRINGS FL Zip Code: 33065	
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: 5-21-2004 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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOCK, MARK 12201 NW 35 ST STE 536 CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBORAH DAVISON 12201 NW 35 ST#536 CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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SIGNATURE: DEBORAH DAVISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-11-04 Daytime Phone #: 954-341-1808		