2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000045923 04-19-2004 90295 004 ***150.00 BLIND EXPRESS USA, INC. Principal Place of Business Mailing Address 12201 NW 35 ST STE 536 12201 NW 35 ST STE 536 66425088 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-3754194 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Deborah Darison DUBROW DUKER & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2832 UNIVERSITY DR CORAL SPRINGS, FL 33065 12201 NW 35 St. #536 City Coral Springs 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete ☐ Change Addition TITI F Deborah Davison 12201 NW 35 Street #536 BLOCK, MARK NAME 12201 NW 35 ST STE 536 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΤΠΙΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 01, 2004 8:00 am 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

attachmans

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

DOCUMENT # P03000045923 1. Entity Name BLIND EXPRESS USA, INC.							
Principal Place	of Business	Mailing Address		\neg			
12201 NW 35 ST STE 536 CORAL SPRINGS FL 33065		12201 NW 35 ST STE 536 CORAL SPRINGS FL 33065		-	664250	88	
2. Principal Pl	ace of Business	3. Mailing Address				-144 • - 10 - 11 - 141	
<u> </u>				_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE C	R2E034 (11/03)	
City & State		City & State			4. FEI Number (A-3754194)		plied For Applicable
Zip	Country Zip Cox		Country		5. Certificate of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Re		
DUBROW DUKER & ASSOCIATES, P.A. 2832 UNIVERSITY DR CORAL SPRINGS FL 33065							
/				pa	LSPRINGS	FL Zip Code	565
8. The above named entity addinits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of rediscrete agent. SIGNATUF Signature. Tyring or printed name of registered agent and title of applicable. (MOTE: Registered Agent signature required when reinstating) DATE							
After	LE NOW!!!" FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department				9. Election Campaign Fina Trust Fund Contribution	. 🗆 Added	O May Be to Fees
TO.	OFFICERS AN	D DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS	Addition
MAME STREET ADDRESS	BLOCK, MARK 12201:NW 35 ST STE 536		NAME STREET ADDRESS			CT criticille	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	·	CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	DEBORAH DAVISO 19201 NW 35 ST CORALSPRINGS FL	T#536	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	e.		NAME STREET ADDRESS CITY-ST-ZIP				
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NAME STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	☐ Detate	MAME STREET ADDRESS City-St-Zip			☐ Change	Addition
12. I hereby of indicated of the cor		is true and accurate and that ne powered to execute this report	r the exemption state ny signature shall ha as required by Chap	ve the s ster 607	same legal effect as if made under o , Florida Statutes; and that my name	further certify that the is ath; that I am an officer appears in Block 10 of the property of t	nformation or director r Block 11 if