

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000088174					
1. Entity Name TIFFANY EXPRESS, INC.					
Principal Place of Business 15706 SW 72ND ST, UNIT 14 MIAMI, FL 33193			Mailing Address 15706 SW 72ND ST, UNIT 14 MIAMI, FL 33193		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
02052004 Chg-P CR2E034 (10/03)				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	
RIVERA, ALEXANDER 15706 SW 72ND ST, UNIT 14 MIAMI, FL 33193				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		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 PTS	NAME RIVERA, ALEXANDER		☐ Delete		
STREET ADDRESS 15706 SW 72ND ST, UNIT 14	CITY-ST-ZIP MIAMI, FL 33193		☐ Change ☐ Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		U000000059694 02/23/04-80010-012 150.00		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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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: _____			305 2797351 2/10/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		