

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

DOCUMENT # P03000099380

1. Entity Name

Maryland Express, Inc.



FILED

06 SEP 28 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

246 NW 42 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33126

Country

MIAMI-DADE

Zip

Country

4. FEI Number

20-5613425

Apply For

NOT Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Marin, Roberto

Street Address (P.O. Box Number is Not Acceptable)

4336 NW 4 ST

City

MIAMI

FL

Zip Code

33126

8. The above named entity authorized 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, name of individual agent and title if applicable)

(NOTE: Registered Agent signature required when withdrawing)

DATE

January 1 - May 1 Fee: \$150.00

After May 1 Fee: \$200.00

Amended UBR: \$65.00

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 authority like empowered.

SIGNATURE:

(PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

Date

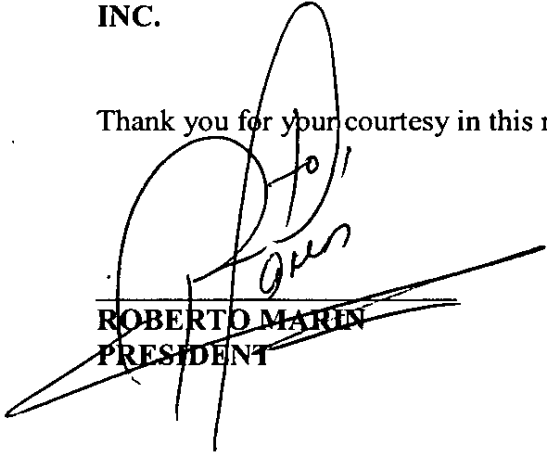
Expiring Date if

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **MARYLAND EXPRESS, INC.**

Thank you for your courtesy in this matter.



ROBERTO MARIN
PRESIDENT