## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P04000098909 1. Entity Name 05 APR 22 PI 1: 28 INC. GIO XPRESS SECILET. TALLAHAS. EF. FLOTIN Principal Place of Business Mailing Address 50008243 901 COOLWOOD PLACE 901 COOLWOOD PLACE BRANDON, FL 33511 US BRANDON, FL 33511 US 3. Mailing Address 2. Principal Place of Business 11809 HWY 92 E Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 CR2E034 (10/03) City & State City & State Applied For Sether Section O Flogida Florida Not Applicable Country A. Country Zip \$8.75 Additional <sup>Zip</sup> 584 5. Certificate of Status Desired 420 33584 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, GLORIBEL COOPER, GLORIBEL Street Address (P.O. Box Number is Not Acceptable) 901 COOLWOOD PLACE BRANDON, FL 33511 11809 HWY 92 E. City SEFFYER 8. The above named entry cubmits 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 d name of registered agent and title if applicable. (NOTE: Registered Agent sonature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Deleta TITLE ☐ Addition SALAZAR, LUZ N NALIF Cooper, Gloriber NUME 901 COOLWOOD PLACE STREET ADDRESS 11809 HW492E STREET ADDRESS Selfwee, CL 33584 BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP Change Delcte TITLE TITLE J.P. **Addition** COOPER, GLORIBEL NAME SAMUEL MARTINEZ NAME 11809 424 92 6 STREET ADDRESS 901 COOLWOOD PLACE STREET ADDRESS 30 mars, FL 33584 BRANDON, FL 33511 CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE COOPER, STEVEN M NAME NAME 11809 Hwy. 92 E: 901 COOLWOOD PLACE STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 CITY-SI-7IP Seffner, Fl. 33584 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- \$1-212 ☐ Delete TITLE Change ■ Addition nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ĭ CITY-ST-7IP □ Change ☐ Addition MILE . Delete ... TITLE NAME NAME ear. STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. Thereby 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 path; 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: TO PY TO TYPED OR PRINTED NAME OF SXUNNO OFFICER OR DIRECTOR

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