


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90066 002 ***158.75

DOCUMENT # P04000107903

1. Entity Name
TL EXPRESS SERVICES, INC.




Principal Place of Business Mailing Address
10420 NW 10TH STREET **10420 NW 10TH STREET**
PLANTATION, FL 33322 **PLANTATION, FL 33322**

2. Principal Place of Business 3. Mailing Address
4487 N. University Dr. Suite, Apt. #, etc.

City & State City & State
hauderhill FL. City & State

Zip Country Zip Country
33351 USA



04082005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
42-1644121 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

AMSTUTZ, TERESA L
10420 NW 10TH STREET
PLANTATION, FL 33322

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: *Teresa L. Amstutz* **Teresa L. Amstutz** **04-12-05**
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, 2005 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMSTUTZ, TERESA L	NAME	
STREET ADDRESS	10420 NW 10TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALARCON, LUIS	NAME	Humberto Hernandez
STREET ADDRESS	10420 NW 10TH STREET	STREET ADDRESS	10420 NW 10TH ST
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	Plantation, FL 33322
TITLE	<input type="checkbox"/> Delete	TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	margarita Hernandez
STREET ADDRESS		STREET ADDRESS	10420 NW 10TH ST
CITY-ST-ZIP		CITY-ST-ZIP	Plantation, FL 33322
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Teresa L. Amstutz* **Teresa L. Amstutz** **04-12-05** **954-572-3600**
Signature and typed or printed name of signing officer or director Date Daytime Phone #