2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P04000151043 1. Entity Name 04-20-2005 90357 001 ***150.00 LIGHTNING XPRESS INC. Principal Place of Business Mailing Address 12283 SW 10 LN " 12283 SW 10 LN 50041100 MIAMI, FL 33184 MIAMI, FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 184038 20-Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAYOSO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 12283 SW 10 LN MIAMI, FL 33184 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Change ☐ Addition TITLE ☐ Delete GAYOSO, ANTONIO NAME NAME STREET ADDRESS 12283 SW 10 LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33184 ☐ Delete Change Addition GAYOSO, FRANCISCO NAME NAME STREET ADDRESS 12283 SW 10 LN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33184 Change __ Addition Delete. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tike empowered.

SIGNATURE:

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phoce #

FILED