


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 033 ***150.00

DOCUMENT # P05000038202

1. Entity Name
S P D EXPRESS, INC.



Principal Place of Business
905 SE 12TH STREET #301 HIALEAH, FL 33010

Mailing Address
905 SE 12TH STREET #301 HIALEAH, FL 33010-5934 US

2. Principal Place of Business
875 SE 10th Street

3. Mailing Address
875 SE 10th Street

Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33010

Country
USA

01312006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2501655

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

40030000



6. Name and Address of Current Registered Agent

PEREZ, SEIDEL
905 SE 12TH STREET #301
HIALEAH, FL 33010-5934

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
875 SE 10th Street

City
Hialeah

State
FL

Zip Code
33010

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P PEREZ, SEIDEL 905 SE 12TH STREET #301 HIALEAH, FL 330105934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	875 SE 10th Street Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **03/21/06.** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #