


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 049 ***150.00

DOCUMENT # P03000041878	
1. Entity Name AA EXPRESS TRUCKING, INC.	

Principal Place of Business 1629 TRIPOLI STREET NORTH PORT FL 34286	Mailing Address 1629 TRIPOLI STREET NORTH PORT FL 34286
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2. Principal Place of Business 4578 COKER ROAD	3. Mailing Address 4578 COKER ROAD
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —

City & State NORTH PORT FL	City & State NORTH PORT FL
Zip 34286	Zip 34287
Country U.S.A.	Country USA

4. FEI Number 05-0566074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ADRIYENKO, ALEXSANDR 1629 TRIPOLI STREET NORTH PORT FL 34286	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIYENKO, ALEXSANDR 1629 TRIPOLI STREET NORTH PORT FL 34286	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4578 COKER ROAD NORTH PORT, FL 34286
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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: _____ **3-2-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #