
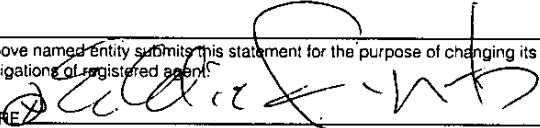
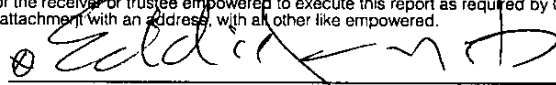


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90122 026 ***150.00

DOCUMENT # P03000108971 1. Entity Name GEMINIS CARGO EXPRESS SERVICE, CORP																											
Principal Place of Business 620 NW 12 AVE MIAMI, FL 33136		Mailing Address 620 NW 12 AVE MIAMI, FL 33136																									
2. Principal Place of Business 1600 SW 1 ST. Suite, Apt. #, etc.		3. Mailing Address 1600 SW 1 ST Suite, Apt. #, etc.																									
City & State MIAMI FL Zip 33135		City & State MIAMI FL Zip 33135																									
4. FEI Number 20-0279117		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 FUENTES, EDDIE A 620 NW 12 AVE MIAMI, FL 33136		7. Name and Address of New Registered Agent Name FUENTES EDDIE A. Street Address (P.O. Box Number is Not Acceptable) 1600 SW 1 ST City MIAMI FL Zip Code 33135																									
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: 4-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FUENTES, EDDIE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20131 SW 123 DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33177</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	FUENTES, EDDIE A		STREET ADDRESS	20131 SW 123 DR		CITY-ST-ZIP	MIAMI, FL 33177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  DATE: 4-26-05 DAYTIME PHONE: 786.573.9095 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											