

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91037 005 \*\*\*150.00

DOCUMENT # F00000003517

1. Entity Name

CYBER EXPRESS INTERNATIONAL CORP.



Principal Place of Business

4100 NE 2ND AVE  
209  
MIAMI FL 33137

Mailing Address

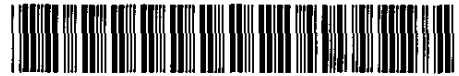
4100 NE 2ND AVE  
209  
MIAMI FL 33137

2. Principal Place of Business

9760 W. BAY HARBOR DR.  
Suite, Apt. #, etc.

3. Mailing Address

9760 W. BAY HARBOR DR.  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI - BEACH, FL

City & State

MIAMI - BEACH, FL

4. FEI Number

65-0936512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FILADELFA, PHILIPPE  
4100 NE 29 AVE  
STE. #209  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name: FILADELFA, Philippe

Street Address (P.O. Box Number is Not Acceptable)  
9760 W. BAY HARBOR DR.

City: MIAMI - BEACH

FL

Zip Code: 33154

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

Philippe Filadelfia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

April 10th, 2004

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: FILADELFA, PHILIPPE  
STREET ADDRESS: 650 WEST AVE.  
CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE: S ☐ Delete  
NAME: FILADELFA, ANTHONY  
STREET ADDRESS: 1608 DREXEL AVE.  
CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-ST-ZIP:

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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
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:

Philippe Filadelfia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10th, 2004

Date

305-868-8804

Daytime Phone #