

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000000797

1. Entity Name
PONY EXPRESS U.S.A., INC.



Principal Place of Business
5295 TOWN CENTER ROAD, 3RD FLOOR
BOCA RATON, FL 33486

Mailing Address
5295 TOWN CENTER ROAD, 3RD FLOOR
BOCA RATON, FL 33486

FILED
04 OCT -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0860379

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TICKTIN, PETER
5295 TOWN CENTER ROAD, 3RD FLOOR
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TICKTIN, PETER
STREET ADDRESS 5295 TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE T
NAME SCHOLL, HARVEY
STREET ADDRESS 5295 TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE S
NAME BEE, RICHARD
STREET ADDRESS 5295 TOWN CENTER ROAD, 3RD FLOOR
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500041638095
10/06/04--01024--021 **550.00

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/04 (561) 862 4900
Date Daytime Phone #