

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90010 044 \*\*\*158.75

**50002707**



<b>DOCUMENT # F54683</b> 1. Entity Name <b>FLORIDA EXPEDITERS, INC.</b>			
Principal Place of Business <b>13008 SW 133RD CT. MIAMI, FL 33186 US</b>		Mailing Address <b>13008 SW 133RD CT. MIAMI, FL 33186 US</b>	
2. Principal Place of Business <b>10506 SW 66th Avenue</b>		3. Mailing Address <b>10506 SW 66th Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hampton, Fl.</b>		City & State <b>Hampton, Fl.</b>	
Zip <b>32044</b> Country <b>USA</b>		Zip <b>32044</b> Country <b>USA</b>	
4. FEI Number <b>59-2144646</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, THEODORE A JR 13008 SW 133RD CT. MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>Gonzalez, Theodore A Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10506 SW 66th Avenue</b> City <b>Hampton</b> <b>FL</b> Zip Code <b>32044</b>	
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 <u><i>Carlyle Jr.</i></u> DATE <u>1/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering).</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, THEODORE A, JR 3160 S W 118TH AVENUE MIAMI, FLA 0, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, GAIL B 3160 S W 118TH AVENUE MIAMI, FLA 0, <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Carlyle Jr.</i></u>		Date <u>1/10/05</u> Daytime Phone # <u>352-48-1137</u>	