2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State
07-24-2006 90005 015 ***550.00

DOCUMENT # G96001

1. Entity Name
BOBY EXPRESS CO.

Principal Place of Business	Mailing Address
1161 FLATSUSH AVENUE BROOKLYN, NY 11226-7004	1161 FLATSUSH AVENUE BROOKLYN, NY 11226-7004

07192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1660 NE Miami Gardens Dr	1660 NE Miami Gardens Dr
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4
City & State North Miami Beach, FL 33179	City & State North Miami Beach, FL 33179
Zip / Country 33179	Zip / Country 33179

4. FEI Number
59-2400538
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALCOURT, JEAN A 5414 N.E. 2ND AVENUE MIAMI, FL 33137	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NYACINTHE, BERNADENTTE G 8947 PALM TREE LANE PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hyacinthe, Bernadette G 8947 Palm Tree Lane Pembroke Pines, FL 33024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RHAU, MARIE YOLETTE 175 RUEDU CENTRE PORT-AU-PRIN, HAITI,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rhau, Marie Yolette 7 Route de Freres Port-au-Prince, Haiti	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RHAU, SARAH 175 RUE DU CENTRE PORT-AU-PRINCE, HAITI,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rhau, Sarah 7 Route de Freres Port-au-Prince, Haiti	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 07/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #