## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 24, 2005 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT							00.00 F
1. Entity Nam	MENT # H08921 k express, INC.				Sec	cretary	of State
Principal Place 3105 FEDER DELRAY BEA	**	Mailing Address 3105 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33444	υs				(10)
D	O NOT WRITE	CE	02032005  4. FEI Number 59-242	No Chg-P	CR2E034 (10		
WATCHARINKARN, ONGARD 9842 AQUAVISTA BLVD LAKE WORTH, FL 33463			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 \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financh Trust Fund Contribution.				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATCHARINKARN, ARUNRAT 9342 AQUA VISTA BLVD BOYNTON BEACH, FL 33437	IRECTORS		·	U000U0 027247 <b>0</b> 5-	0241512 -80049-01U	: 150 <b>.</b> ŲŪ
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VPD WATCHARINKARN, ONGARD 9342 AQUA VISTA BLVD BOYNTON BEACH, FL 33437		] ··· · · · · · · · · · · · · · · · · ·				m., ,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	his filling does not qualify for the ex- rue and accurate and that my signs vered to execute this renort as ren	emption stated in Seature shall have the lired by Chapter 60:	ection 119.07(3)( same legal effec 7. Florida Statute	(i), Florida Statutes, ct as if made under ss; and that my nam	I further certify that path, that I am and appears in Bloc	t the information officer or director k 10 or Block 11 if
changed,	or on an attachment with an address, w	ith all other like empowered.					

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

SIGNATURE: