FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H68175

1. Entity Name

FILED Mar 31, 2002 8:00 am Secretary of State 03-31-2002 90354 047 ***150.00

LA FLOR DE MAYO EXPRESS, INC.					
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address				B00539 52	
2730 SHUTE STREET Suite, Apt. #, etc.		SAME		<u>,</u>	
Suite, Apr. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State ORLANDO , FL		City & State		4. FEI Number 58-1634775	Applied For Not Applicable
Ζίρ 32805	Country USA	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name JOSE BURGOS Street Address (P.O. Box Number is Not Acceptable) 2730 SHUTE STREET City ORLANDO FL Zip Code 32805					
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.					
SIGNATURE + Signature, typed or pfinled name of registered agent and tigs if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees					
TITLE	PD OFFICERS AND HERNANDEZ, FRA		TITLE		
STREET ADDRESS CITY - ST - 21P	2730 SHUTE STR ORLANDO, FL 32	EET	STREET ADORESS		880 80 80 80 80 80 80 80 80 80 80 80 80
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13. 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 11 or on an attachment with an address, with all other like empowered. SIGNATURE: 3-12-02 718-585-7220					
SIGNATURE: 3-12-02 718-585-7220 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE Date Daylime Phone #					