2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # J38406 THUNDERBIRD EXPRESS, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

7033 STAPOINT CT. SUITE G

WINTER PARK, FL 32792

Mailing Address

P.O. BOX 4113

WINTER PARK, FL 32793



02182004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2730555

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LADAN, ZELDA M.

DO NOT WOITE

4653 TIFFANY WOODS CIRCLE OVIEDO, FL 32765			***************************************	IN THIS SPACE			
	named entity submits this statement for the pions of registered agent •	ourpose of changing its regist	tered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar t	with, and accept	
	Signature, typed or printed name of registered agent and little	d applicable (NOTE Regist	eiutengik magA betel	(Builtateuses seepn peur besimbes	DATE		
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		U00000125414 04/22/04-80080-024	150.00		
10.	OFFICERS AND DIRECTORS					,	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	DP LADAN, AMIR H. 4653 TIFFANY WOODS CIR OVIEDO, FL DST		_			-	
NAME STREET ADDRESS CITY - ST- ZIP	LADAN, ZELDA M 4653 TIFFANY WOOD CR OVIEDO, FL					_	
TITLE NAME STREET AODRESS CITY-ST-ZIP			_	DO	NOT WRITE		
NAME STREET AUDRESS CITY-ST-ZIP				IN .	THIS SPACE		
THTLE NAME STREET ADDRESS CHY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-JP							

12. I hereby certify that the information supplied with this filling 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 offictuate 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