


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # J38406 1. Entity Name THUNDERBIRD EXPRESS, INC.	
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Principal Place of Business 7033 STAPOINT CT. SUITE G WINTER PARK, FL 32792	Mailing Address P.O. BOX 4113 WINTER PARK, FL 32793
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02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2730555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LADAN, ZELDA M. 4653 TIFFANY WOODS CIRCLE OVIEDO, FL 32765	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000912, DATE
05/07/08-80091-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LADAN, AMIR H. 4653 TIFFANY WOODS CIR OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LADAN, ZELDA M 4653 TIFFANY WOOD CR OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADAN, AZADEH 4653 TIFFANY WOODS CIRCLE OVIEDO, FL 32765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/08 407-674-7636
Date Daytime Phone #