


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90040 046 ***150.00

DOCUMENT # K27544 1. Entity Name TRANS-MAR-EXPRESS CORP.			
Principal Place of Business % MERCY S. LOVELL 9433 FOUNTAINBLEAU BLVD #208 MIAMI, FL 33172		Mailing Address % MERCY S. LOVELL 9433 FOUNTAINBLEAU BLVD #208 MIAMI, FL 33172	
2. Principal Place of Business 9600 NW 25TH STREET		3. Mailing Address 9600 NW 25TH STREET	
Suite, Apt. #, etc. SUITE 6-A		Suite, Apt. #, etc. SUITE 6-A	
City & State DORAL, FLORIDA		City & State DORAL, FLORIDA	
Zip 33172-1416		Zip 33172-1416	
Country 		Country 	
4. FEI Number 65-0060545		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 LOVELL, MERCY S. XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX 9600 NW 25TH ST STE 6-A DORAL, FLORIDA 33172-1416		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LOVELL, MERCY S. XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOVELL, THOMAS L. 9433 FONTAINE BLVD #208 MIAMI, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mercy S. Lovell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>04/05/05</i> (305) 717-3409 <small>Daytime Phone #</small>	