


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 044 \*\*\*550.00

|  |   |
|--|---|
| <b>DOCUMENT # K65900</b>                         |  |
| 1. Entity Name<br><b>W &amp; F EXPRESS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>6311 S.W. 45TH STREET<br/>DAVIE, FL 33314 US</b> | Mailing Address<br><b>6311 S.W. 45TH STREET<br/>DAVIE, FL 33314 US</b> |
|--|--|

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address<br><b>1323 Pierce St</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                         |

|              |                                  |
|--------------|----------------------------------|
| City & State | City & State<br><b>Hollywood</b> |
| Zip          | Zip<br><b>FL 33019</b>           |
| Country      | Country<br><b>Broward</b>        |

40097857



05242006 Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0108213</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>FLIPPO, WILLEM<br/>6311 S.W. 45TH STREET<br/>DAVIE, FL 33314</b> | 7. Name and Address of New Registered Agent<br>Name: _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |
|--|---|

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FLIPPO, WILLEM<br>6311 S.W. 45TH STREET<br>DAVIE, FL 33314 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Flippo Willem<br>1323 Pierce Street<br>Hollywood FL 33019 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLIPPO, MARRIE<br>6311 S.W. 45TH STREET<br>DAVIE, FL 33314 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Flippo Marrie<br>1323 Pierce Street<br>Hollywood FL 33019 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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

*M. Flippo*

Date

Daytime Phone #

6/22-06 954-923-2874