2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90043 036 ***158.75

DOCUMENT # K84620

1. Entity Name
FLAMINGO EXPRESS, INC.

C0096515

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
	P O BOX 52-3682 MIAMI, FL. 33152-3682

2. Principal Place of Business	3. Mailing Address
7947 NW 21 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 33122 Country: US	Zip Country

4. FEI Number: NOT APPLICABLE — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA ANA MARGARITA
2405 SW 131 ST
MIAMI,FL. 33152

7. Name and Address of New Registered Agent

Name: CAMPS ANA MARGARITA
Street Address (P.O. Box Number is Not Acceptable): 5421 SW 155 PL
City: MIAMI
FL Zip Code: 33185

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: Camps Camps 4-18-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition
DPTS CAMPS, ANA MARGARITA 2405 SW 131 ST MIAMI, FL			5421 SW 155 PL MIAMI,FL. 33185
	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [X] Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Camps 4-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DATE