

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 007 ****50.00

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01312005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L0000015706			
1. Entity Name FICOHSA EXPRESS HOLDING, LLC			
Principal Place of Business 100 SE SECOND STREET 18TH FLOOR-JHF MIAMI, FL 33131		Mailing Address 100 SE SECOND STREET 18TH FLOOR-JHF MIAMI, FL 33131	
2. Principal Place of Business John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302		3. Mailing Address John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302	
4. FEI Number 65-1095013		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDHOFF, JOHN H ESQ. 100 SE SECOND STREET 18TH FLOOR-JHF MIAMI, FL 33131		7. Name and Address of New Registered Agent Name John H. Friedhoff, Esquire Street Address Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor City 1395 Brickell Avenue Miami, Florida 33131-3302	
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		DATE 2/2/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME ATALA FARAJ, CAMILO STREET ADDRESS 100 SE SECOND STREET 18TH FL JHF CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1395 BRICKELL AVENUE, 14th Floor CITY-ST-ZIP miami, Florida 33131-3302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:		DATE 2/2/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	