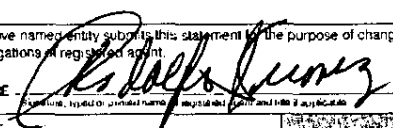
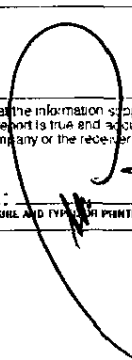


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90809 007 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30047542

DOCUMENT # L02000008291			
1. Entity Name TD EXPRESS, L.L.C.			
Principal Place of Business 8075 NW 7TH STREET, APT. #215 MIAMI, FL 33126		Mailing Address 8075 NW 7TH STREET, APT. #215 MIAMI, FL 33126	
2. Principal Place of Business 10200 NW 25th St Suite, Apt. #, etc. 207 City & State MIAMI, FL Zip 33172 Country MIAMI - PADE		3. Mailing Address 10200 NW 25th St Suite, Apt. #, etc. 207 City & State MIAMI, FL Zip 33172 Country MIAMI - PADE	
		4. FEI Number 04-3673273	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAEZ, TOMAS D 8075 NW 7TH STREET, APT. #215 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name RODOLFO J. SUAREZ Street Address (P.O. Box Number is Not Acceptable) 10200 NW 25th St #207 City MIAMI FL 33172	
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  RODOLFO J. SUAREZ DATE 3/26/03 (NOTE: Registered Agent signature required when circulating)			
FILE NOW! FEE IS \$50.00 Make Check Payable to: Florida Department of State Due By: May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGER NAME TOMAS D. BAEZ STREET ADDRESS 10200 NW 25th St. #207 CITY-ST-ZIP MIAMI, FL 33172		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  TOMAS BAEZ		03-26-03 (305) 718-4400	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2ENG (10/02)