

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90394 008 \*\*\*150.00

|   |  |  |   |                                      |  |
|---|--|--|---|--------------------------------------|--|
| <b>DOCUMENT # L33400</b><br>1. Entity Name<br><b>BLUE MOUNTAIN EXPRESS, INC.</b>  |  |  |   |                                      |  |
| Principal Place of Business<br><b>2523 ROOSEVELT ST<br/>C/O JASON DANRADE<br/>HOLLYWOOD, FL 33020 US</b>  |  |  | Mailing Address<br><b>2523 ROOSEVELT ST<br/>C/O JASON DANRADE<br/>HOLLYWOOD, FL 33020 US</b>                        |                                      |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |                                      |  |
| City & State  |  | City & State   |   | 04262005    Chg-P    CR2E034 (10/03) |  |
| Zip   |  | Country  |   | 4. FEI Number<br><b>65-0167433</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>  |   |                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DANRADE, JASON<br/>2523 ROOSEVELT ST<br/>HOLLYWOOD, FL 33020</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |                                      |  |
| 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: _____  |                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>MOLDOVAN, PATRICIA<br/>25 MARTIN PLACE<br/>SYOSSET, NY 11791</b> | <b>Owner / Director</b><br><b>Patricia Moldovan</b><br><b>5270 Colbright Road</b><br><b>Lake Worth, FL 33467</b> |   |                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                     |   |                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |                                      |  |
| <b>SIGNATURE:</b> <i>Patricia Moldovan</i> <b>4/25/05</b>   |  |  |   |                                      |  |