FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M25382

1. Entity Name
CANNON EXPRESS, INC.

Principal Place of Business	Mailing Address
1904 NW 82 AVE MIAMI, FL 33126 US	POST OFFICE BOX 52-3682 MIAMI, FL 33152

DO NOT WRITE IN THIS SPACE

04222004 No Ch g-P CR2E034 (10/03)

4. FEI Number
59-2818644 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPS, ANA MARGARITA
5421 S.W. 155 PLACE
MIAMI, FL 33185

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fee

U00000133119
04/27/04-80075-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	DPTE
NAME	CAMPS, ANA MARGARITA
STREET ADDRESS	5421 SW 155 PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (If applicable) Date Daytime Phone #