

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91217 021 \*\*\*150.00

<b>DOCUMENT # P00000021563</b>					
<b>1. Entity Name</b> GIROS EXPRESS, INC.					
<b>Principal Place of Business</b> 1436 W 49TH STREET HIALEAH, FL 33012			<b>Mailing Address</b> 1436 W 49TH STREET HIALEAH, FL 33012		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		04272004    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0986236	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name: <u>ANDRES E ZUNIGA</u> Street Address (P.O. Box Number is Not Acceptable): <u>1436 W 49th Street</u> City: <u>Hialeah</u> FL    Zip Code: <u>33012</u>		
<b>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.</b>  SIGNATURE: <u>[Signature]</u> DATE: <u>04/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ZUNIGA, ANDRES E <input checked="" type="checkbox"/> Delete 6203 SOUTHWEST 42ND STREET MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZUNIGA ANDRES E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1436 W 49th Street Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BERNAL, CATALINA <input checked="" type="checkbox"/> Delete 6203 SOUTHWEST 42ND STREET MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BERNAL CATALINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1436 W 49th Street	
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	
<b>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>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>04/28/04</u> Daytime Phone #: <u>305-362-1960</u>		