



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90007 015 ***150.00

DOCUMENT # P00000088471					
1. Entity Name TAX XPRESS INC.					
Principal Place of Business 1812 NW 51ST STREET MIAMI, FL 33142			Mailing Address 1812 NW 51ST STREET MIAMI, FL 33142		
2. Principal Place of Business		3. Mailing Address 125 NW 192nd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05102004 Chg-P CR2E034 (10/03)	
City & State		City & State Miami FL		4. FEI Number 65-1046170	
Zip		Zip FL		Country Ode	
6. Name and Address of Current Registered Agent THOMAS, RITA 1812 NW 51ST STREET MIAMI, FL 33142				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code FL	
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: <i>[Signature]</i> DATE: 4/28/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME THOMAS, RITA		TITLE SAME Name	NAME 125 NW 192nd St	
STREET ADDRESS 1161 N.W. 56TH STREET	CITY-ST-ZIP MIAMI, FL 33127		STREET ADDRESS Miami FL 33109	CITY-ST-ZIP Miami FL 33109	
TITLE VP	NAME KINGCADE, LUCILLE		TITLE DALICIA WALKER	NAME 125 NW 192nd St	
STREET ADDRESS 1812 NW 51ST STREET	CITY-ST-ZIP MIAMI, FL 33142		STREET ADDRESS Miami FL 33109	CITY-ST-ZIP Miami FL 33109	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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.					
SIGNATURE: <i>[Signature]</i> DATE: 4/28/04 305-696-1745 x10 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					