2004 FOR PROFIT CORPORATION ANNUAL REPORT

EII ED

03-25-2004 90017 048 ***150.00

DOCU	MENT	# P01	1000003633
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1. Entity Name



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Mar 25, 2004	8:00 am
Secretary of	

FLURIDA	AIR EXPRESS, INC.				
Principal Place		Mailing Address 3200 S ANDREWS AVE	-	54022303	
FORT LAUDE	RDALE, FL 33316	114 FORT LAUDERDALE, FL 33	3316	I ABRIDADI NI BANGSINDIK KANIN ABRID ABRID ABRID ABRID ABRID ABRID ABRID ABRIDA	
2. Principal Pl			4th Sheet		
10	7	Suite, Apt. #, etc.	,	03012004 Chg-P CR2E034 (10/03)	
City & State	Lauderdale	Firt Laude	rdall Fl	65-1066224 N	pplied Foliot Applic
3333	015 USA	^{Zip} 333/5	Country USA	5. Certificate of Status Desired \$8.75 Ad Fee Require	ditional ed
	6. Name and Address of Current R	egistered Agent	Name A	7. Name and Address of New Registered Agent	
	DREWS AVE SUITE 114		#0	ress (P.O. Box Number is Not Acceptable)	
FORTLAU	IDERDALE, FL 33316		610	SW 34th Street #10	7-
			City Fu	nt Laudendorle FL 253	311
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or reg	gistered agent, or both, in the State of Florida. I am familiar with	, and acc
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Reg	gistered Agent signature re	equired when reinstating) $3 - 4 - 0$	4_
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE NAME	PT ACHILLE, JEAN R	Delete	NAME A	chille, Jean & Ho	☐ Ad
STREET ADDRESS	3200 S ANDREWS AVE SUITE 11	14	STREET ADDRESS	in SW 34th Shell #107	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316 VPS	Delete	TITLE 1	Int Randerdale, FL 333/	J PAd
NAME	PAUL, MARIE M	₽ Delete	NAME 1	Achille Sean R	≥ Au
STREET ADDRESS CITY-ST-ZIP	1407 N 74 TER HOLLYWOOD, FL 33024		STREET ADDRESS CITY-ST-ZIP	610 SW 344 Sheet # 10	7
TITLE	11022111000,12	☐ Delete	TITLE	= ort Handerdale + C 333/5	☐ Ad
NAME Street address	; -		NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Ad
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	-	☐ Delete	TITLE	☐ Change	☐ Ad
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TITLE		☐ Delete	TITLE	Change	☐ Ad
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the	informati

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A