2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000005481

1. Entity Name
FOREX MIAMI EXPRESS, INC.

Principal Place of Business	Mailing Address
17791 NE 9TH CT	17791 NE 9TH CT
N MIAMI BEACH, FL 33162	N MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

04192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1070321	Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PTD	
NAME	LAZARO, REYNALDO G	
STREET ADDRESS	17791 NE 9TH CT	U00000341656
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	04/29/05--80025-013 150.00
TITLE	VSD	
NAME	LAZARO, DIANA L	
STREET ADDRESS	17791 NE 9TH CT	
CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		**DO NOT WRITE**
STREET ADDRESS		**IN THIS SPACE**
CITY-ST-ZIP		
TITLE		
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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: _____ REYNALDO LAZARO   4/25/05   954-257-9125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #