

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90470 010 ***150.00

DOCUMENT # P01000007758

1. Entity Name
XPRESS DISTRIBUTION, INC.



Principal Place of Business
**1855 NW 20 STREET
MIAMI, FL 33142**

Mailing Address
**1855 NW 20 STREET
MIAMI, FL 33142**

04003741



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1083285	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FUMAGALLI, MARGARITA R.
2027 N.W. 22 COURT
MIAMI, FL 33142**

**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, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP.
NAME	FUMAGALLI, MARGARITA R
STREET ADDRESS	1855 NW 20 STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Margarita R. Fumagalli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/04

Date

(35) 970 4822

Daytime Phone #

Jackson  **Jackson Memorial Hospital**
 1811 N.W. 12th Avenue
 Miami, Florida 33136-1098
 305-585-1111

Rx for pediatric patients < 14 yo must include age & weight or BSA

Age: _____ Weight: _____ (kg) or BSA _____ (m²)

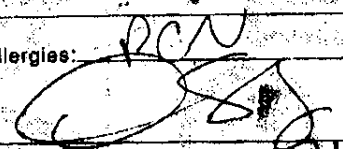
DRUG	DOSE / STRENGTH	Qty.	Instructions
1 Rx Prenatal Vitamins	PO QD	30	0 1 2 3 4 5 6 7 8 9 10 11
2 Rx _____	_____	_____	0 1 2 3 4 5 6 7 8 9 10 11

Sig: _____

Indication: _____

Imprint/Write Patient's Name, Address and Medical Record # _____

☐ NKA Allergies: **PCN**

Prescriber's Signature: 

Print Last Name: **FUMAGALLI** Phone/Ext: **506 12/06/63**

DEA #: **1853-SW-10TH TERR** R **06/26/4 EJI**

PHT DR # **18809**

FL LICENSE # **TR6514** (Required) Date: **1-27-09** EPF040217.1010

54053741

Attachment

To Whom it May Concern: #P0100007758

Sorry I didn't sent before I was feeling sick until I felt so bad ; and I start bleeding I want to a Doctor and the Doctor send me to the hospital because was Dangerous to the Emergency and they told me I was pregnant and maybe close to lose my baby.
 (P. ~~and~~) Sorry; In the hospital they have my exams of everything. I'm a Single Woman - and now pregnant and I want my baby.

Please consider my situation; I'm a sales woman I work by myself selling merchandise during the week & weekends. Please; receive my check and don't put me the fine.

Thanks Margarita Fumagalli