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

J40000741

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	
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 05/03/04 (305)9804822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

34053741

Jackson HEALTH SYSTEM

Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, Florida 33136-1096
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.	Refills
1 Rx Prenatal Vitamins I PO QD		Dose in mg/kg or mg/BSA; Indication:	30 (thirty)	0 1 2 3 4 5 6 7 8 9 10 11
Sig:				
2 Rx		Dose in mg/kg or mg/BSA; Indication:		0 1 2 3 4 5 6 7 8 9 10 11
Sig:				

☐ NKA Allergies: PCN

Prescriber's Signature:

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

Seuel 0852 Print Last Name Phone/Beeper #

3185915 506 12/06/63
FUMAGALLI, MARGARITA R WF
1830 SW 18TH TERR 33145
4118 EJI R C6/26/4 EJI

DEA #____ PHT DR # 15809

FL LICENSE # TL6514 (Required) Date: 4 27 04 EPF040217.1010

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 sens me to the hospital because was Dangerous to the Emergency and they told me I was pregnant and maybe close to lose my baby. (~~[illegible]~~) 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