## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000013311

1. Entity Name
MILKY WAY EXPRESS, INC.

FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

3370 N.E. 190TH STREET #2713 AVENTURA, FL 33180 Mailing Address

20501 VENTURA BLVD 325

WOODLAND HILLS, CA 91364



## DO NOT WRITE IN THIS SPACE

| 01052004         | No Chg-P | CR2E034 (10/03) |                |             |  |
|------------------|----------|-----------------|----------------|-------------|--|
| 4. FEI Numbe     |          |                 |                | Applied For |  |
| 6 <u>5</u> -1076 |          |                 | Not Applicable |             |  |
|                  |          |                 | \$8.75         | Additional  |  |

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SHORTER, WAYNE 3370 N.E. 190TH STREET #2713 AVENTURA, FL 33180

## 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<br>After May 1, 2004 Fee will be \$550.00   |   | Election Campaign Finan-<br>Trust Fund Contribution. | cing          | \$5.00 May Be<br>Added to Fees |   |  |  |  |
| 10.   | OFFICERS AND DIREC  | CTORS  |               |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>SHORTER, WAYNE<br>3370 N.E. 190TH STREET #2713<br>AVENTURA, FL 33180 |  |               |                                | U00000137514<br>04/29/04-80043-012 150.00 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |               |                                | 2 11 23, 31 333 13 31 13g, 9g             |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |               | DO                             | NOT WRITE                                 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | IN THIS SPACE |                                |   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-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 chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/26/04(818)713-8103