

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90006 033 ***158.75

DOCUMENT # P01000021398

1. Entity Name

BIG CYPRESS EXPRESS, INC.



Principal Place of Business

1675 WEST 42ND STREET
SUITE 201
HIALEAH FL 33012

Mailing Address

1675 WEST 42ND STREET
SUITE 201
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

1675 W. 42 st

1675 W. 42 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State
Hialeah FL

City & State
Hialeah FL

Zip

Country

Zip

Country

33012

U.S.A.

33012

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREIJO, JUAN C
1675 WEST 42ND STREET
SUITE 201
HIALEAH FL 33012

Name

JUAN Carlos Breijo

Street Address (P.O. Box Number is Not Acceptable)

1675 W. 42 st.

City

Hialeah

FL

Zip Code

33012

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

02/02/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BREIJO, JUAN C	
STREET ADDRESS	1675 WEST 42ND STREET, 201	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature] Juan Carlos Breijo

Date

Daytime Phone #

02/02/04 305-216-9180