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May 04, 2005 8:00 am
Secretary of State

05-04-2005 90184 023 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000027388

1. Entity Name
TOWN XPRESS, INC.

Principal Place of Business	Mailing Address
1699 E FLAGER ST STE 7534 MIAMI, FL 33131	110 BONAVENTURE BLVD #307 WESTON, FL 33326
2. Principal Place of Business: 14960 SW 9 Lane	3. Mailing Address: 14960 SW 9 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami, Fl
Zip: 33194 Country	Zip: 33194 Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1095341 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABRAMSON, EDWARD J 7270 N.W. 12TH STREET SUITE 560 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO MATAS, MARIA Y 110 BONAVENTURE BLVD 307 WESTON, FL 33326	☐ Delete	PD Matas, Maria Y. 14960 SW 9 Lane Miami, Fl 33194	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MATAS, ANA C 110 BONAVENTURE BLVD., #307 WESTON, FL 33326	☐ Delete	V Matas, Ana C. 14960 SW 9 Lane Miami, Fl 33194	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S Santilli, Giuseppe 14960 SW 9 Lane Miami, Fl 33194	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X [signature] "Director" 04/29/2005 (305)228.0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #