


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000052305</b> 1. Entity Name D.E.C. EXPRESS INC.					
Principal Place of Business 17530 NW 9TH PL MIAMI, FL 33169		Mailing Address 17530 NW 9TH PL MIAMI, FL 33169			
<b>DO NOT WRITE IN THIS SPACE</b>					
				03012004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 65-1154405 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  COX, DARRELL E 17530 NW 9TH PL MIAMI, FL 33169		<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000115098 04/16/04-80010-020 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COX, DARRELL E 17530 NW 9TH PL MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COX, ELOUISE B 17530 NW 9TH PL MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Darrell E. Cox</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-20-04 Date Daytime Phone #			