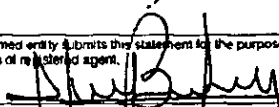
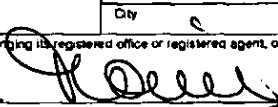
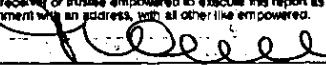


FILED
May 30, 2003 8:00 am
Secretary of State

5/2/2

05-02-2003 90740 042 ***150.00

2003 FOR PROFIT CORPORATION/
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067710		
1. Entity Name FENZI EXPRESS SERVICES, CORP.		
Principal Place of Business 14243 SW 62ND STREET MIAMI, FL 33183		Mailing Address 14243 SW 62ND STREET MIAMI, FL 33183
2. Principal Place of Business 5207 SW 140 PL		3. Mailing Address 5207 SW 140 PL
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33175		Country FL
4. FEI Number 65-1119844		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$51.75 Additional Fee Required
6. Name and Address of Current Registered Agent GUZMAN, MARIO I 8010 SOUTHWEST 137TH AVENUE SUITE #208 MIAMI, FL 33186		
7. Name and Address of New Registered Agent 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  DATE 		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ABADI, ELENA MONICA 14243 SW 62ND STREET MIAMI, FL 33183 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BERGUNKER, LUIS CARLOS 14243 SW 62ND STREET MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ 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)(1), 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:  DATE: 		