


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90129 033 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P01000085921</b><br>1. Entity Name<br><b>DITTO EXPRESS, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>7982 NW 158TH TERRACE<br/>HIALEAH, FL 33016</b>   |   |   | Mailing Address<br><b>7982 NW 158TH TERRACE<br/>HIALEAH, FL 33016</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |   |  |
| 4. FEI Number<br><b>65-1135077</b>  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   | <b>\$8.75 Additional Fee Required</b>   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>BEGUIRISTAIN, MARTIN J ESQ.</b><br><b>13368 SW 128TH STREET</b><br><b>MIAMI, FL 33186</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Carlos Arce</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>13350 SW 5th</u><br><u>Miami, FL</u><br>City <u>FL</u> Zip Code <u>33184</u> |   |  |
| 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.<br>SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)<br>DATE <u>3/15/05</u>   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PEREZ, LOURDES<br>7982 NW 158 TERRACE<br>HIALEAH, FL 33016    | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PEREZ, JUAN CARLOS<br>861 WEST 50TH PLACE<br>HIALEAH, FL 33012 | <input checked="" type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>PEREZ, JUAN CARLOS<br>861-WEST-50TH PLACE<br>MIAMI, FL 33015  | <input checked="" type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <u>Carlos Arce</u> <u>3/15/05</u> <u>766-663-8419</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |   |   |   |   |  |

**50029918**



03152005 Chg-P CR2E034 (10/03)