
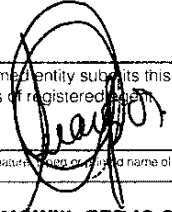
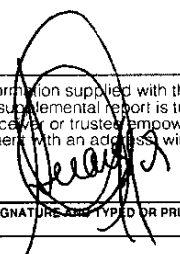


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90003 042 ***550.00

DOCUMENT # P01000092349 1. Entity Name SUAREZ EXPRESS, INC.					
Principal Place of Business 3200 N.W. 112TH AVENUE MIAMI, FL 33172			Mailing Address 3200 N.W. 112TH AVENUE MIAMI, FL 33172		
2. Principal Place of Business 1060 N.W. 127th Ct. Suite, Apt. #, etc.		3. Mailing Address 1060 N.W. 127th Ct. Suite, Apt. #, etc.			
City & State Miami, FL 33182-1855		City & State Miami, FL 33182-1855		4. FEI Number 65-1106789	
Zip 33182-1855		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, JUAN A 12239 S.W 14 LANE STE 3401 MIAMI, FL 33184			7. Name and Address of New Registered Agent Name Juan A. Suarez Street Address (P.O. Box Number is Not Acceptable) 1060 N.W. 127th Ct. City Miami FL Zip Code 33182-1855		
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  _____ <small>Signature of agent or registered name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST SUAREZ, JUAN A 12239 S.W 14 LANE STE 3401 MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST JUAN A. SUAREZ 1060 N.W. 127th Ct., Miami, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					