

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90260 014 ***150.00

DOCUMENT # P01000099646

1. Entity Name
JOSE LUIS EXPRESS, INC.



Principal Place of Business
**44 SW 44 AVE
MIAMI, FL 33134**

Mailing Address
**44 SW 44 AVE
MIAMI, FL 33134**

24058537



2. Principal Place of Business
1301 NW 35 Avenue
Suite, Apt. #, etc.

3. Mailing Address
1301 NW 35 Avenue
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-1143137
Applied For
Not Applicable

Zip
33125

Country

Zip
33125

Country

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

6. Name and Address of Current Registered Agent

**CORDOVI, JOSE L
44 SW 44 AVE
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name **Cordova, Jose L.**
Street Address (P.O. Box Number is Not Acceptable)
1301 NW 35 Avenue
City **Miami** FL Zip Code **33125**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **CORDOVI, JOSE L** ☐ Delete
STREET ADDRESS **44 SW 44 AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE VD
NAME **COLINDRES, MARTHA** ☐ Delete
STREET ADDRESS **44 SW 44 AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **Cordova, Jose L.**
STREET ADDRESS **1301 NW 35 Avenue**
CITY-ST-ZIP **Miami FL, 33125**

TITLE VD ☒ Change ☐ Addition
NAME **Colindres, Martha**
STREET ADDRESS **1301 NW 35 Avenue**
CITY-ST-ZIP **Miami FL, 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #