

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91217 019 ***150.00

DOCUMENT # P02000002655

1. Entity Name
GIROS EXPRESS II, INC.



Principal Place of Business
**8751 NORTHWEST 57TH STREET
TAMARAC, FL 33321**

Mailing Address
**8751 NORTHWEST 57TH STREET
TAMARAC, FL 33321**



2. Principal Place of Business
1436 W. 49 ST

3. Mailing Address
SAME

Suite, Apt. #, etc.
HALEAH FL

Suite, Apt. #, etc.

City & State

City & State

Zip
33012

Country

Zip

Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3587886

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **ANDRES ZUNIGA**
Street Address (P.O. Box Number is Not Acceptable)
1436 W. 49 ST
City **HALEAH** FL Zip Code **33012**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/04

**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 **PSTD** ☒ Delete
NAME **ZUNIGA, ANDRES E**
STREET ADDRESS **8751 NORTHWEST 57TH STREET**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☐ Change ☒ Addition
NAME **ZUNIGA, ANDRES E**
STREET ADDRESS **1436 W. 49 ST**
CITY-ST-ZIP **HALEAH, FL 33012**

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

TITLE ☐ Change ☐ Addition
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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

04/29/04 605/362-1960

Date

Daytime Phone #