

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90015 046 \*\*\*150.00

**DOCUMENT # P02000018580**

1. Entity Name

SANCHEZ D EXPRESS INC



Principal Place of Business

7575 CHANCELLAR DR.  
ORLANDO FL 32809

Mailing Address

2552 JASMINE TRACE DRIVE  
KISSIMMEE FL 34758-1925

34017705



MOORE CR2E034 (11/03)

2. Principal Place of Business

2552 JASMINE TRACE DR.

Suite, Apt. #, etc.

3. Mailing Address

2552 JASMINE TRACE DR.

Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

Kissimmee Florida

Zip

34758

Country

USA (OSA)

Zip

34758

Country

U.S.A.

4. FEI Number

74-3028160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, YOLANDA  
2552 JASMINE TRACE DRIVE  
KISSIMMEE FL 34758-1925

7. Name and Address of New Registered Agent

Name Edward B. Sanchez

Street Address (P.O. Box Number is Not Acceptable)

2552 JASMINE TRACE DR.

City

Kissimmee

FL

Zip Code

34758

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

*Edward B. Sanchez*

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

(NOTE: Registered Agent signature required when reinstating)

02-19-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SANCHEZ, YOLANDA ☐ Delete  
STREET ADDRESS 2552 JASMINE TRACE DR.  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE V  
NAME SANCHEZ, EDWARD J ☐ Delete  
STREET ADDRESS 2552 JASMINE TRACE DR.  
CITY-ST-ZIP KISSIMMEE FL 34758

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 ☐ 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

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:

*Edward B. Sanchez* Edward B. Sanchez 02-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-436-4471