


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000018580	
1. Entity Name SANCHEZ D EXPRESS INC	

Principal Place of Business 2552 JASMINE TRACE DR. KISSIMMEE, FL 34758 US	Mailing Address 2552 JASMINE TRACE DR. KISSIMMEE, FL 34758 US
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DO NOT WRITE IN THIS SPACE



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3028160	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, EDWARD J 2552 JASMINE TRACE DRIVE KISSIMMEE, FL 34758-1925
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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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, YOLANDA 2552 JASMINE TRACE DR. KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANCHEZ, EDWARD J 2552 JASMINE TRACE DR. KISSIMMEE, FL 34758
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07/19/05-80004-006 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 J Sanchez Yolanda Sanchez 7-14-05 (407) 729-5779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #