

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000041747

1. Entity Name
A.C. EXPRESS, INC.



Principal Place of Business
13375 SW 264 TERRACE
HOMESTEAD, FL 33032

Mailing Address
13375 SW 264 TERRACE
HOMESTEAD, FL 33032



DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
46-0476463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMARGO, ALEJANDRO
11555 SW 187TH TERRACE
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ALEJANDRO, CAMARGO
STREET ADDRESS 13375 SW 264 TERRACE
CITY-ST-ZIP HOMESTEAD, FL 33032

TITLE TD
NAME JANNETTE, CAMACHO
STREET ADDRESS 13375 SW 264 TERRACE
CITY-ST-ZIP HOMESTEAD, FL 33032

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000000365853
05/11/05-20020-010 150.00

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IN THIS SPACE**

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 #