2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 NOV 13 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045343

1. Entity Name
DOLPHIN EXPRESS SERVICE INC.

Principal Place of Business	Mailing Address
19554 NW 55 CIRCLE PL OPALOCKA, FL 33055	19554 NW 55 CIR PLACE OPA-LOCKA, FL 33055

2. Principal Place of Business	3. Mailing Address
10136 NW 127 TERRACE	10136 NW 127 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33018 Country: MIAMI-DADE	Zip: 33018 Country: MIAMI-DADE

03212006 Chg-P CR2E034 (11/05) 06

4. FEI Number: 02-0597599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORES, REYNALDO 5215 N. W. 198 TERRACE OPA LOCKA, FL 33055	Name: Ricardo Flores Street Address (P.O. Box Number is Not Acceptable): 10136 NW 127 TERRACE City: HIALEAH FL Zip Code: 33018

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: _____ 11/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLORES, REYNALDO 5215 N.W. 198 TERRACE OPA LOCKA, FL 33055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900080362548 10/02/06--01045--005 **150.00 ☐ Change 4 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FLORES, RICARDO 19554 NW 55 CIRCLE PL OPALOCKA, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FLORES, RICARDO 10136 NW 127 TERRACE HIALEAH, FL 33018 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900080362549 11/17/05--01053--018 **500.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 addition, with all other like empowered.

SIGNATURE: _____ 9/24/06 786-258-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #