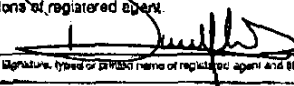


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 NOV 13 PM 4:25

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045343			
1. Entity Name DOLPHIN EXPRESS SERVICE INC.			
Principal Place of Business 19554 NW 55 CIRCLE PL OPALOCKA, FL 33055		Mailing Address 19554 NW 55 CIR PLCE OPA-LOCKA, FL 33055	
2. Principal Place of Business 10136 NW 127 TERRACE		3. Mailing Address 10136 NW 127 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HALEAH, FL		City & State HALEAH, FL	
Zip 33018	Country MIAMI-DADE	Zip 33018	Country MIAMI-DADE
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 FLORES, REYNALDO 5215 N. W. 198 TERRACE OPA LOCKA, FL 33055		7. Name and Address of New Registered Agent Name Ricardo Flores Street Address (P.O. Box Number is Not Acceptable) 10136 NW 127 TERRACE City HALEAH FL Zip Code 33018	
8. The above named entity swears to 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 		DATE 11/3/06	
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	PO FLORES, REYNALDO 5215 N.W. 198 TERRACE OPA LOCKA, FL 33055 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080362549 Change ☒ Addition 10/02/06--01045--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO FLORES, RICARDO 19554 NW 55 CIRCLE PL OPALOCKA, FL 33055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLORES, RICARDO ☒ Change ☐ Addition 10136 NW 127 TERRACE HALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900080362549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/17/06--01053--019 ☐ 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
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 807, 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: 		DATE 11/24/06 786-258-2428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	