


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State


04-15-2004 90041 009 ***150.00

DOCUMENT # P02000076690	
1. Entity Name AP EXPRESS, INC	

Principal Place of Business 1220 S. ST RD. 436 ALTAMONTE SPRINGS FL 32714	Mailing Address 2400 PLEASANT DR. LONGWOOD FL 32779
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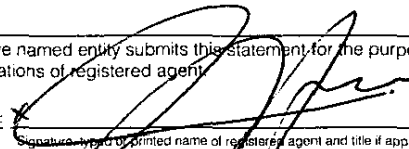
2. Principal Place of Business 1220 W. STATE RD. 436	3. Mailing Address 701 CLAY ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ALTAMONTE SPRINGS FL.	City & State WINTER PARK FL.
Zip 32714	Country U.S.A.

	
MOORE	CR2E034 (11/03)
4. FEI Number 90-0051957	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	
ANASTASOV, ANASTAS 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000	

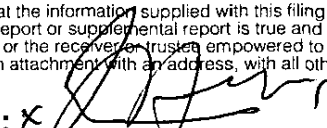
7. Name and Address of New Registered Agent	
Name <u>ANASTAS ANASTASOV</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>701 CLAY ST</u>	
City <u>WINTER PARK</u>	FL Zip Code <u>32789</u>

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 	OWNER / AGENT
(NOTE: Registered Agent signature required when reinstating)	
DATE <u>04/13/04</u>	

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. <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	D ANASTASOV, ANASTAS 2400 PLEASANT DR. LONGWOOD FL 32779 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER ANASTAS ANASTASOV 701 CLAY ST. WINTER PARK, FL. 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	ANASTAS ANASTASOV
DATE <u>04/13/04</u>	
DAYTIME PHONE # <u>321-436-2894</u>	