

FILED
Apr 29, 2004 8:00 am
Secretary of State

[illegible]

DOCUMENT # P02000082329				04-29-2004 90225 045 ***150.00	
1. Entity Name G. D. EXPRESS TRANSPORT, INC.					
Principal Place of Business 12217 SW 116TH LANE MIAMI, FL 33186		Mailing Address 12217 SW 116TH LANE MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3707031	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTOKA, DIANA CRISTINA 12217 SW 116TH LANE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Diana Montoya</i> DATE: 04/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD NAME: CANAS, GUSTAVO STREET ADDRESS: 12217 SW 116TH LANE CITY-ST-ZIP: MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE: PD NAME: Canas, Gustavo STREET ADDRESS: 12217 SW 116th Lane CITY-ST-ZIP: Miami, Florida 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VD NAME: MONTOKA, DIANA CRISTINA STREET ADDRESS: 12217 SW 116TH LANE CITY-ST-ZIP: MIAMI, FL 33186 <input type="checkbox"/> Delete			TITLE: VD NAME: Canas, Ibis M. STREET ADDRESS: 12217 SW 116th Lane CITY-ST-ZIP: Miami, Florida 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete			TITLE: T NAME: Montoya, Diana Cristina STREET ADDRESS: 12217 SW 116th Lane CITY-ST-ZIP: Miami, Florida 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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: <i>Diana Montoya</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04/26/04 305-598-4623 Date Daytime Phone #	