2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED P02000086093

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000086093

1. Entity Name

AZTECA EXPRESS, INC.

66422333 04/28/04 90286 027

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
308 N. DIXIE HWY UNIT B LAKE WORTH FL 33460	308 N. DIXIE HWY UNIT B LAKE WORTH FL 33460

2. Principal Place of Business	3. Mailing Address
14 NE 1st AVE.	14 NE 1st AVE
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State MIAMI FL	City & State MIAMI FL
Zip 33132 Country MIAMI DADE	Zip 33132 Country MIAMI DADE

4. FEI Number 48-1271525 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~WITHER, DELIA~~
~~308 N. DIXIE HWY UNIT B~~ 14 NE 1st AVE, Suite 201
~~LAKE WORTH FL 33460~~ MIAMI FL 33132

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 acc... 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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 10	
TITLE	PSTD ☐ Delete	TITLE	☒ Change ☐ Add
NAME	WITHER, DELIA	NAME	
STREET ADDRESS	308 N. DIXIE HWY UNIT B	STREET ADDRESS	14 NE 1st AVE, Suite 201
CITY-ST-ZIP	N BAY VILLAGE FL 33141	CITY-ST-ZIP	MIAMI FL 33132
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
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STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] DELIA WITHER - PRES - 4/18/04 (305) 579-21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/18/04 Daytime Phone #