2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000086093

1. Entity Name

AZTECA EXPRESS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90458 009 ***150.00

Principal Place of Business 7525 E TREASURE DR STE 5-G N BAY VILLAGE FL 33141

Mailing Address 7525 E TREASURE DR STE 5-G N BAY VILLAGE FL 33141

2. Principal Place of Business 308 N. Di XIE HWY	3.08 N. Dixie Hwy
Suite, Apt, #, etc. UNIT B	Suite, Aps #_etc.B
LAKE WORTH FL	Lake WORTH PL
Zip Country	Zipa , C Country _

Applied For

Not Applicable

\$8.75 Additional

CHECK HERE IF MAKING CHANGES

4. FEI Number 48-1271525

<u> </u>	ev wrb	<u> </u>	$\perp w_1$	<u> </u>				e Hequire	<u> </u>	1
	6. Name and Address of Current Re	egistered Agent			7. N	lame and Address of New R	egistered Age	ent		1
WITHER I	DELIA.			Name						ĺ
WITHER, DELIA 7525 E TREASURE DR STE 5-G				Greet Andress (P.O. Box Namboris Not Acceptable)						1
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-N BAY-VIL	LAGE FL-33141					//				T
•	w ,s			City	HE U	ORTH	FL	Zip 3	3460	
	named entity submits this statement for t	he purpose of changing it	s register	ed office o	registered ag	ent, or both, in the State of Flo	rida. I am fam	iliar with,	and accept	1
the obligat	lions of registered agent.									
SIGNATURE .		·								
	Signature, typed or printed name of registered agent and	title if applicable. (NC	TE: Registere	d Agent signat	ure required when re	instating)	DATE			}
F	ILE NOW!!! FEE IS \$150.00								_	
	May 1, 2003 Fee will be \$550.00				İ	 Election Campaign Fir Trust Fund Contribution 	~ ~		O May Be to Fees	
Make Check	Payable to Florida Department of S	itate				Hust rund Continuation	. Ц	Audeu	10 1 665	İ
10.	OFFICERS AND D	RECTORS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND D	RECTORS	3 IN 11	1
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CITY-ST-ZIP	12.			-ST-ZIP			<u> </u>			
12. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is tr	is filing does not qualify four	or the exe	mption stat	ted in Section ave the same I	119.07(3)(i), Florida Statutes. I	further certify eath; that I am	that the in	formation or director	

2. 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

THE AND THE CONTRIBUTED NAME OF SIGNING OFFICER OR DIRECTOR

4(P/0)

(305) 561-547-6293

Daytime Phone #

CR2E034 (10/02)