

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000105424 1. Entity Name TRANSCORE EXPRESS, INC.					
Principal Place of Business 3954 OSPREY CT WESTON, FL 33331 US			Mailing Address 7700 NORTH KENDALL DRIVE SUITE 809 MIAMI, FL 33156 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02152004 Ctg-P CR2E004 (10/00)	
Zip		Zip		4. FEI Number 72-1535821	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Apply For Not Applicable	
6. Name and Address of Current Registered Agent SALAZAR, GERMAN A 7700 NORTH KENDALL DRIVE SUITE 809 MIAMI, FL 33156			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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-STATE-ZIP	D,P GARGES, JAIME 3954 OSPREY CT WESTON, FL 33331	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000000069480 03/01/04-80013-022 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST MONTGOMERY, GREG 3954 OSPREY CT WESTON, FL 33331	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MONTGOMERY, SANDRA 3954 OSPREY CT WESTON, FL 33331	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JRIIBE, MARIA 3954 OSPREY CT WESTON, FL 33331	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: <u>GREG MONTGOMERY</u> Secy 02/15/2004 - Ph: (305) 270-3145 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day Time Phone #					