


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000105424		
1. Entity Name TRANSCORE EXPRESS, INC.		

Principal Place of Business	Mailing Address
3954 OSPREY CT WESTON, FL 33331 US	7700 NORTH KENDALL DRIVE SUITE 809 MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1535821	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A
7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P GARCES, JAIME 3954 OSPREY CT WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MONTGOMERY, GREG 3954 OSPREY CT WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, SANDRA 3954 OSPREY CT WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URIBE, MARIA 3954 OSPREY CT WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80096-014 150.00

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IN THIS SPACE**

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: _____ **9/25/05 (305) 970-3145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #