


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90018 033 ***150.00

DOCUMENT # P02000114062	
1. Entity Name U S A PALLETS EXPRESS, INC.	

Principal Place of Business 26140 S. DIXIE HIGHWAY HOMESTEAD, FL 33158 US	Mailing Address 26140 S. DIXIE HIGHWAY HOMESTEAD, FL 33158 US
---	---

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0910392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEGRON, VICTOR 26140 S. DIXIE HIGHWAY HOMESTEAD, FL 33158
--

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.

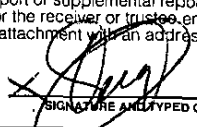
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD NEGRON, VICTOR 26140 S. DIXIE HIGHWAY HOMESTEAD, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAEZ, LUIS N 26140 S. DIXIE HIGHWAY HOMESTEAD, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARQUEZ, DIOMARYS 26140 S. DIXIE HIGHWAY HOMESTEAD, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
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:  03/25/04 PDES

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



Jim Zingale
Executive Director

Attachment 24048918
#P02000114062

DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

APRIL 01, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

CK#999-23
AMT:\$150.00
SCREENER:81

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

SENT FOR VICTOR NEGRON, HOMESTEAD, FL 33158.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue
Return & Revenue Processing
5050 W. Tennessee Street, Bldg k
Tallahassee, FL 32399-0100