Q1. 2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90360 035 ***150.00

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DOCUMENT # P02000132225

1. Entity Name
Hialeah Express Corp.

DO NOT WRITE IN THIS SPACE

c/o Lopez Accounting

2. Principal Place of Business	3. Mailing Address
7190 NW 179 St.	1800 W. 49 St.
Suite, Apt. #, etc. #110	Suite, Apt. #, etc. #121
City & State Miami, Fl.	City & State Hialeah, Fl.
Zip 33015 Country USA	Zip 33012 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3669209 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Malquiel Cruz
7190 NW 179 St.
#110
Miami, Fl FL 33015

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: Malquiel Cruz — Malquiel Cruz, Pres. — 4-29-03
(Signature of registered agent — Name of registered agent (typed or printed) — Date)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $51.25
Make Check Payable to Florida Department of State

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

15. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	AD
NAME	Cruz, Malquiel
STREET ADDRESS	7190 NW 179 St. #110
CITY-ST-ZIP	Miami, Fl. 33015
TITLE	VP
NAME	Cruz, Liodys
STREET ADDRESS	7190 NW 179 St #110
CITY-ST-ZIP	Miami, Fl. 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E054B (1/2002)

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 15 or on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Malquiel Cruz — Malquiel Cruz, Pres. — 4/29/03 — 305-824-1440
(Signature and typed or printed name of signing officer or director — Title — Daytime Phone Number)