

FEB-25-2005 11:52

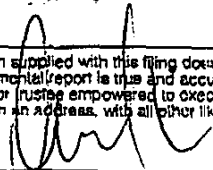
FASSETT ANTEANY & TAYLOR

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 035 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

50023565

DOCUMENT # P02000133583			
1. Entity Name TRAVEL EXPRESS INVESTMENT, INC.			
Principal Place of Business 587 EAST STATE ROAD 434 LONGWOOD, FL 32750		Mailing Address 587 EAST STATE ROAD 434 LONGWOOD, FL 32750	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1644759		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FASSETT, LADD H 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804		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 _____ Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on new filings.)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HEMANI, ALTAF ☒ Delete 407 CENTER POINTE CIR STE 1637 ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RAJAN, ARIF ☐ Delete 407 CENTER PRINTE CIR, STE 1637 ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		Date: 2/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Phone #	