


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90503 041 ***150.00

DOCUMENT # P02000133953	
1. Entity Name FILIPINAS CARGO EXPEDITE, INC.	

Principal Place of Business 2000 N. CONGRESS AVE., #192 WEST PALM BEACH, FL 33409 US	Mailing Address 2000 N. CONGRESS AVE., #192 WEST PALM BEACH, FL 33409 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O BOX 174 Suite, Apt. #, etc.
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City & State FRASER, MI	4. FEI Number 05-0545998
Zip 48026-0174	Country USA



04202005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PINEDA, ENRICO A 4311 OKEECHOBEE BLVD., #32 WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name Enrico A. Pineda Street Address (P.O. Box Number is Not Acceptable) 4701 Martha Louise Dr. West Palm Beach, FL 33417 City FL Zip Code
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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 *Enrico A. Pineda* DATE 4/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, JOANNE M 19135 KILLEEN DR CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 *Joanne Reyes* Date: 4.28.05