2004 FOR PROFIT CORPORATION ANNUAL REPORT

FII FD **DOCUMENT # P03000010490** 1. Entity Name FB EXPRESS, INC. 04 MAR 15 AB 11: 13 SECRETALT USIATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 100 SE 2ND STREET 17TH FLOOR 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chq-P CR2E034 (10/03) 4. El Number City & State City & State Applied For 72 - 155 1733 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANCO, MARIANA C Francisco G. Perez 100 SE 2ND STREET 17TH FLOOR 4300 SW 74th Avenue MIAMI, FL 33131 Miami, Florida 33155 С Zip Code FL 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, 02/02/04 DATE FRANCISCO SIGNATURE. nature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MOISSA ☐ Delete TITLE Change ☐ Addition Unuz rameiseo NAME NAME 4300 SW MIAM FL MUNCH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM CITY-ST-ZIP 33155 ☐ Change TITLE ☐ Delete TITLE ☐ Addition JOSA A LANCID 400031287544 03/26/04--01094--011 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33156 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 at 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 an other 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 at 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 an officer or director. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR Daytime Phone #