2006 FOR PROFIT CORPORATION

Apr 26, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000028495 03-28-2006 90134 022 ***150.00 ENTREGA INMEDIATA PONY EXPRESS, INC. Principal Place of Business Mailing Address 66012212 2513 A NW 72 AVE 2513 A N.W. 72ND AVE. MIAMI, FL 33122 MIAMI, FL 33122 02132006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0460359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, CIELO DO NOT WRITE 5670 NW 116 AVENUE APARTMENT #214 MIAMI, FL 33178 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 I work out you so it its I'm interest HIPTE Punjetornal Agent manch on and area days see and 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Funa Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS Milita ٧r MAME LOPEZ, CIELO STREET ADDRESS 10913 NW 69 ST. CHY-ST ZIP MIAMI, FL 33178 TITLE NIVIA, HECTOR MARKE STREET ADDRESS 8290 LAKE DR. MIAMI, FL 33166 CITY-ST-ZIP TILLE

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath, 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 approvered.

SIGNATURE:

MAME ราศัสดิ์ AlaiReSS

NAME STREET ADDRESS CITY-ST-ZIP TiTLE MAME STREET ADDRESS CITY-ST-ZIP TUTEF

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STREET ADDRESS CITY-ST-ZIP

> jelos. SIGNATURE AND TYPE INTED NAME OF SIGNING OFFICER OR DIRECTOR