


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90033 031 \*\*\*150.00

<b>DOCUMENT # P03000040882</b>																													
<b>1. Entity Name</b> UNION EXPRESS VAN LINES, INC.																													
<b>Principal Place of Business</b> 10117 WEST OAKLAND PARK BLVD. #373 SUNRISE, FL 33351 US			<b>Mailing Address</b> 10117 WEST OAKLAND PARK BLVD. #373 SUNRISE, FL 33351 US																										
<b>2. Principal Place of Business</b> 1868 N UNIVERSITY DR Suite, Apt. #, etc. 206			<b>3. Mailing Address</b> 1868 N UNIVERSITY DR Suite, Apt. #, etc. 206																										
<b>City &amp; State</b> PLANTATION, FL		<b>City &amp; State</b> PLANTATION, FL		<b>4. FEI Number</b> 48-1307518																									
<b>Zip</b> 33322 <b>Country</b> US		<b>Zip</b> 33322 <b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> DAHAN, YAAKOV 10117 WEST OAKLAND PARK BLVD. #373 SUNRISE, FL 33351			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 1868 N. UNIVERSITY DR # 206 City PLANTATION FL Zip Code 33322																										
<b>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.</b>																													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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<b>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.</b>																													
<b>SIGNATURE:</b> _____ <span style="float: right;">Date: 11-04 Daytime Phone #: 954-5570125</span>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													