

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000049480

1. Entity Name
THREE BROTHER'S EXPRESS INC.



Principal Place of Business
**6978 W 25 AVE
HIALEAH, FL 33016**

Mailing Address
**6978 W 25 AVE
HIALEAH, FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0945337

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, RICARDO
6978 W 25 AVE
HIALEAH, FL 33016**

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

(DATE)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DP						
	GARCIA, RICARDO	6978 W 25 AVE	HIALEAH, FL 33016				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(f), 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

(Signature, typed or printed name of registered agent, officer or director)

2/10/04 (305) 364-7112

(Date)

(Daytime Phone #)