2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 8:00 am Secretary of State **DOCUMENT # P03000062625** 1. Entity Name 01-14-2005 90018 012 ***158.75 VIZA EXPRESS INC. Mailing Address Principal Place of Business 8181 NW SOUTH RIVER DR. 8181 NW SOUTH RIVER DR. FOUTUUE LOT E-537 LOT E-537 MIAMI, FL 33166 MIAMIL FL 33166 3. Mailing Address 2. Principal Place of Business 0550 NW 77CT Suite, Apt. #, etc. CR2E034 (10/03) 01102005 Chg-P 4. FEI Number Applied For City & State 57-1171090 Not Applicable Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent nt Registered Agent CLASS MARTINEZ BLANKIE ZARAMA, JUAN P Street Address (P.O. Box Number is Not Acceptable) 8181 NW SOUTH RIVER DR. **LOT E-537** 2274 WEST 56 STREET MIAMI, FL 33166 HIALEAH 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. Lam familia SIGNATURE X prature, typed or printed name of registered agent and title if applicable. (NOTE: Houstoned Agent signature required when renstiting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition X Detete ☐ Change TITLE TITLE ZARAMA, JUAN P NAME NAME 8181 NW SOUTH RIVER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CTTY-ST-ZIP Detete THEF Change Addition VILLEGAS, MARGARITA NAME NAME 8181 NW SOUTH RIVER DR. STREET ADDRESS STREET ADDRESS COTY_ST_DIP CITY-ST-ZIP MIAMI, FL 33166 []] Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-74P ADJE! nne Addition TITLE Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition nne NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZP 12. I hereby certify that the information supplied with this fiting 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. NG OFFICER OR DIRECTOR Daytime Phone

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