

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 033 ***150.00

DOCUMENT # P03000066535

1. Entity Name

TOTAL SERVICEEXPRESS CORP.



Principal Place of Business

6350 W FLAGLER STREET #2
MIAMI FL 33144

Mailing Address

6350 W FLAGLER STREET #2
MIAMI FL 33144



2. Principal Place of Business

3. Mailing Address

9357 Fontainebleau Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D 101

City & State

City & State

MIAMI FL

Zip

Country

Zip

33172

Country

DADE

1st MOORE

CR2E034 (10/05)

4. FEI Number

57-1173034

Applied For

Not Applicable

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

PEREZ, OVIDIO J
6350 W FLAGLER STREET #2
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

9357 Fontainebleau Blvd apt D101

City

MIAMI

FL

Zip Code

33172

Ovidio J. Perez
Apt. D101
9357 Fontainebleau Blvd.
Miami, FL 33172-4210

8. The above named entity submits this statement for the purpose of registering the 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 restate(s))

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	PEREZ, OVIDIO J	
STREET ADDRESS	6350 W FLAGLER STREET #2	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9357 Fontainebleau Blvd Apt D101
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

Date

305 282 3117

Daytime Phone #