

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 046 ***158.75

DOCUMENT # P03000071687 1. Entity Name PREMIER ONE EXPRESS, INC.																																																																																																																	
Principal Place of Business 960 S.W. 74TH AVE. PLANTATION, FL 33317			Mailing Address 960 S.W. 74TH AVE. PLANTATION, FL 33317																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State Zip Country		City & State Zip Country		4. FEI Number 43-2021974																																																																																																													
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent BOWEN, KATRINA 2331 N. STATE ROAD 7 STE 218 LAUDERHILL, FL 33313 7. Name and Address of New Registered Agent Johnson, Lee 960 S.W. 74 AVE PLANTATION, FL 33317																																																																																																																	
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 <u><i>Lee Johnson</i></u> DATE _____ Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																																																																	
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, LEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>960 S.W. 74TH AVE.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, LEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>960 S.W. 74TH AVE.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>Johnson, Lee</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>960-SW-74 AVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PST	☐ Delete	NAME	JOHNSON, LEE		STREET ADDRESS	960 S.W. 74TH AVE.		CITY-STATE-ZIP	PLANTATION, FL 33317		TITLE	D	☐ Delete	NAME	JOHNSON, LEE		STREET ADDRESS	960 S.W. 74TH AVE.		CITY-STATE-ZIP	PLANTATION, FL 33317		TITLE	S	☐ Delete	NAME	Johnson, Lee		STREET ADDRESS	960-SW-74 AVE		CITY-STATE-ZIP	PLANTATION, FL 33317		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: <u><i>Lee Johnson</i></u> Date _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	