

**FOR PROFIT CORPORATION** 2004  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90008 049 \*\*\*150.00

DOCUMENT # P03000083842

1. Entity Name

M K T EXPRESS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 10211 PINES BLVD.

3. Mailing Address

Suite, Apt., #, etc.  
 # 229

Suite, Apt. #, etc.

City & State  
 PEMBROKE PINES, FL

City & State

4. FEI Number  
 562382990

Applied For  
 Not Applicable

Zip 33026 Country BROWARD

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**54054454**

DO NOT WRITE IN THIS SPACE

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**7. Name and Address of Current Registered Agent**

Name Miguel Lopez  
 Street Address (P.O. Box Number is Not Acceptable) 25 NW 192nd. Street  
 City Miami, FL Zip Code 33169

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

MIGUEL LOPEZ

5/10/04

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PRESIDENT / DIRECTOR<br>MIGUEL LOPEZ<br>10211 PINES BLVD. # 229<br>PEMBROKE PINES, FL 33026      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VICE-PRESIDENT / DIRECTOR<br>KEISHA LOPEZ<br>10211 PINES BLVD. # 229<br>PEMBROKE PINES, FL 33026 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

5/10/04

305-653-7948

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MIGUEL LOPEZ

Date Telephone Phone #

CR2E034B (12/02)