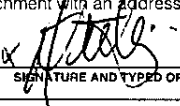


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90176 008 ***150.00

DOCUMENT # P03000103335					
1. Entity Name RIDA EXPRESS, INC.					
Principal Place of Business 8185 N.W. 7TH STREET #105 MIAMI, FL 33126			Mailing Address 8185 N.W. 7TH STREET #105 MIAMI, FL 33126		
2. Principal Place of Business 7100 W 2nd Way		3. Mailing Address 7100 W 2nd Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032004 Chg-P CR2E034 (10/03)	
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 20-0238443	
Zip 33014		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIELES, MILDRED 8185 N.W. 7TH STREET #105 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7100 W 2nd Way City Hialeah FL Zip Code 33014		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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-ST-ZIP	PS ☐ Delete TIELES, MILDRED 8185 N.W. 7TH STREET MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7100 W 2nd Way Hialeah, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: 			05/02/04 (786) 319-3481		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mildred Tiele President			Date Daytime Phone #		