
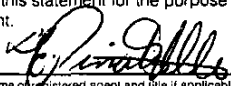
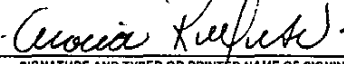


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90256 046 \*\*\*150.00

<b>DOCUMENT # P03000103337</b> 1. Entity Name <b>GIROS INTERNATIONAL EXPRESS, INC.</b>					
Principal Place of Business <b>6043 NW 167TH STREET STE A-11 MIAMI, FL 33015</b>			Mailing Address <b>6043 NW 167TH STREET STE A-11 MIAMI, FL 33015</b>		
2. Principal Place of Business <b>5785-B NW 151 ST.</b> Suite, Apt. #, etc.			3. Mailing Address <b>5785-B NW 151 ST.</b> Suite, Apt. #, etc.		
City & State <b>MIAMI LAKES</b>		City & State <b>MIAMI LAKES</b>		4. FEI Number <b>20-0235166</b>	
Zip <b>33014-2490</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REYES, JAIME 6043 NW 167TH STREET STE A-11 MIAMI, FL 33015</b>				7. Name and Address of New Registered Agent Name <b>ELISABETH OLIVO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5785-B NW 151 ST.</b> City <b>MIAMI LAKES</b> <b>FL</b> Zip Code <b>33014-2490</b>	
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  Sec. <b>04/11/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REYES, JAIME 6043 NW 167TH STREET, SUITE A-11 MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T. GLORIA REYES 6065 NW 186 ST. #101 MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. ELISABETH OLIVO 840 NE 144 ST. N. MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			04-11-05 305-827-6014		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50041854**



04082005 Chg-P CR2E034 (10/03)