

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91061 016 ***150.00

DOCUMENT # P03000108971

1. Entity Name
GEMINIS CARGO EXPRESS SERVICE, CORP



Principal Place of Business
2103 NW 79TH AVE.
MIAMI, FL 33122

Mailing Address
2103 NW 79TH AVE.
MIAMI, FL 33122

Change New Address

2. Principal Place of Business
620 NW 12 AVE.

3. Mailing Address
620 NW 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)



City & State
Miami, FL

City & State
Miami, FL

Zip
33136

Country
USA

Zip
33136

Country
USA

4. FEI Number
20-0279117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUENTES, EDDIE A
2103 NW 79TH AVE.
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name
Eddie A. Fuentes

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

620 N.W 12 AVE

City
Miami FL

FL Zip Code
33136

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 *Eddie Fuentes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/04

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Eddie A. Fuentes
20131 SW 123 DR
Miami FL 33177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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: *Eddie Fuentes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 305 799 4060
Date Daytime Phone #