

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91025 028 \*\*\*150.00

<b>DOCUMENT # P03000110325</b> 1. Entity Name <b>FLAT HAUL EXPRESS, INC.</b>					
Principal Place of Business <b>15405 MIAMI LAKE WAY N #110 MIAMI LAKES, FL 33014</b>			Mailing Address <b>15405 MIAMI LAKE WAY N #110 MIAMI LAKES, FL 33014</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03082004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-0268695</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NUNEZ, FERIOL 15405 MIAMI LAKE WAY N #110 MIAMI LAKES, FL 33014</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent Signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution.    <input type="checkbox"/>    <b>\$5.00</b> May Be Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VIDAL, ELIZABETH 15405 MIAMI LAKE WAY N #110 MIAMI LAKES, FL 33014</b> <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	D <b>NUNEZ, FERIOL 15405 MIAMI LAKE WAY N #110 MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 19.07(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 my address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>4-28-04 305-805-3727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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