


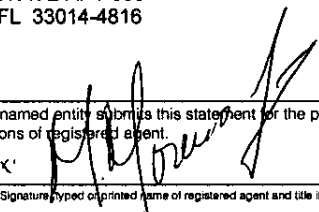
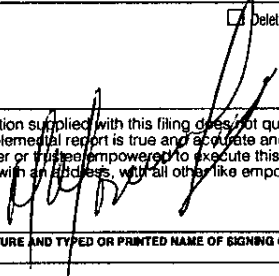
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90031 034 ***150.00

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DOCUMENT # P03000118033			
1. Entity Name MORENO EXPRESS CORP.			
Principal Place of Business 6895 W 7TH AVE APT 305 HIALEAH, FL 33014-4816		Mailing Address 6895 W 7TH AVE APT 305 HIALEAH, FL 33014-4816	
2. Principal Place of Business 4761 NW 178 Terrace Suite, Apt. #, etc.		3. Mailing Address 4761 NW 178 Terrace Suite, Apt. #, etc.	
City & State OPALOCKA FL		City & State OPALOCKA FL	
Zip 33055	Country EE.UU	Zip 33055	Country EE.UU
4. FEI Number 20-0309497		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, MIGUEL 6895 W 7TH AVE APT 305 HIALEAH, FL 33014-4816		7. Name and Address of New Registered Agent Name: MORENO, MIGUEL Street Address (P.O. Box Number is Not Acceptable): 4761 NW 178 Terrace City: OPALOCKA FL Zip Code: 33055	
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:  DATE: 3-25-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MORENO, MIGUEL 6895 W 7TH AVE APT 305 HIALEAH, FL 330144816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORENO, MIGUEL 4761 NW 178 TERRACE OPALOCKA FL 33055 <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
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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: 		Date: 3-25-04 (305) 623-0681	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	