


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90163 011 ***158.75

DOCUMENT # P04000053750	
1. Entity Name DAM EXPRESS, INC.	

Principal Place of Business 8861 NW 78 PLACE #435- TAMARAC, FL 33321	Mailing Address 8861 NW 78 PLACE #435- TAMARAC, FL 33321
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2. Principal Place of Business 7930 N. Nob Hill Rd Suite, Apt. #, etc. 103 City & State Tamarac, FL Zip 33321 Country Broward	3. Mailing Address 7930 N. Nob Hill Rd Suite, Apt. #, etc. 103 City & State Tamarac, FL Zip 33321 Country Broward
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04052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent DERFLER, MONICA 8861 NW 78 PLACE #435 TAMARAC, FL 33321	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7930 N. Nob Hill Rd, Ste 103 City Tamarac FL Zip Code 33321	
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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 <u>Monica Derfler</u> <u>Monica Derfler, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERFLER, MONICA 8861 NW 78 PLACE #435 TAMARAC, FL 33321 <input type="checkbox"/> Delete 7930 N. Nob Hill Rd Suite 103 Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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SIGNATURE: <u>Monica Derfler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	(954) 720-5101 <small>Daytime Phone #</small>
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