


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90160 036 ***150.00

DOCUMENT # P04000066460	
1. Entity Name MAIL BOX EXPRESS ORL., INC	

Principal Place of Business 1015 N. SEMORAN BLVD 105 CASSELBERRY FL 32707	Mailing Address 1015 N. SEMORAN BLVD 105 CASSELBERRY FL 32707
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40027847



1st MOORE CR2E034 (10/04)

2. Principal Place of Business CASSELBERRY Suite, Apt. #, etc. 1015 N. Semoran Blvd Suite 105 City & State Casselberry, FL Zip 32707 Country USA	3. Mailing Address 1015 N. Semoran Blvd #105 Suite, Apt. #, etc. Suite 105 City & State Casselberry, FL Zip 32707 Country USA
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4. FEI Number 37-1489214	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 OCAMPO, PERLITA P 413 NOTRE DAME ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent Name ELIZABETH OCAMPO Street Address (P.O. Box Number is Not Acceptable) 424 SURREY RUN City CASSELBERRY FL Zip Code 32707
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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><i>Elizabeth Ocampo</i></u> VICE PRES 2/26/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 OCAMPO, CESAR V. SR. 413 NOTRE DAME DR. ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OCAMPO, CESAR V. JR. 424 SURREY RUN CASSELBERRY, FL 32707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T OCAMPO, JEREMY J 7812 WINTER SONG DR. ORLANDO FL 32825 <input checked="" 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	VICE PRESIDENT Elizabeth Ocampo 424 SURREY RUN CASSELBERRY, FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Ocampo, Cesar P. Jr 424 Surrey Run Casselberry, FL 32707 <input checked="" 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
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: <u><i>Cesar P Ocampo Jr</i></u> 2/26/05 407-257-9091 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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