


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-10-2006 90091 033 ***150.00

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| DOCUMENT # P04000077579 | |  |
| 1. Entity Name WORLD EXPRESS DISTRIBUTION USA, INC. | | |
| Principal Place of Business 14427 NW 88 CT MIAMI LAKES, FL 33018 | | Mailing Address 14427 NW 88 CT MIAMI LAKES, FL 33018 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 04262006 No Chg-P CR2E034 (11/05) |
| 4. FEI Number 34-1995560 | | 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 ALMANZAR, RAQUEL 14427 NW 88 CT MIAMI LAKES, FL 33018 | | DO NOT WRITE IN THIS SPACE |
| 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>Victor H. Almanzar</u> <u>04/25/06</u> <small>Signature, word or printed name of registered agent as set forth if applicable. (R) 1E. Registered Agent signature required when reappointing. DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PT ALMANZAR, VICTOR H 14427 NW 88 CT MIAMI LAKES, FL 33018 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VS ALMANZAR, RAQUEL 14427 NW 88 CT MIAMI LAKES, FL 33018 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Victor H. Almanzar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |