

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000088786</b> 1. Entity Name <b>THE COLUMBIAN EXPRESS, INC.</b>						<b>FILED</b> <b>05 MAY -2 AM 11: 23</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>423 DELAWARE AVENUE</b> <b>FORT PIERCE, FL 34950</b>				Mailing Address <b>423 DELAWARE AVENUE</b> <b>FORT PIERCE, FL 34950</b>			
2. Principal Place of Business <b>7548 SOUTH US 1</b> Suite, Apt. #, etc. <b>222</b>				3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>FORT ST. LUCIE</b>				City & State			
Zip <b>34952</b>		Country <b>USA</b>		Zip		Country	
4. FEI Number <b>20-1215240</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MILDNER, ROY T</b> <b>423 DELAWARE AVENUE</b> <b>FORT PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>101 NORTH US 1</b> City <b>FORT PIERCE</b> <b>FL</b> Zip Code <b>34950</b>			
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 title if applicable</small>				<b>Roy T MILDNER, ESQ</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROMERO, RICARDO</b> <b>6899 TOWN HARBOUR BLVD., #10-1021</b> <b>BOCA RATON, FL 33433</b>			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FORERO, LEONARDO</b> <b>5622 PARKWALK CIRCLE EAST</b> <b>BOYNTON BEACH, FL 33437</b>			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>RICARDO ROMERO</b> Date <b>4-26-05</b> Daytime Phone # <b>1888 847-7373</b>			

5/10/05