

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090488

FILED
May 18, 2005
Secretary of State

Entity Name: LUZVIMIN EXPRESS SERVICES, INC.

Current Principal Place of Business:

10957 ATLANTIC BLVD
SUITE G
JACKSONVILLE, FL 32225

Current Mailing Address:

10957 ATLANTIC BLVD
SUITE G
JACKSONVILLE, FL 32225

New Principal Place of Business:

9951 ATLANTIC BLVD
SUITE 177
JACKSONVILLE, FL 32225

New Mailing Address:

9951 ATLANTIC BLVD
SUITE 177
JACKSONVILLE, FL 32225

FEI Number: 20-1245517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, ALMA
5516 COASTAL LANE SO
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODWIN, ALMA
Address: 5516 COASTAL LANE SO
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP () Delete
Name: AVEO, ENRICO R
Address: 3220 HONEYWOOD DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: SEC () Delete
Name: SALES, REYNALDO M
Address: 1567 KINGFISHER BLVD
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOODWIN, ALMA
Address: 5516 COASTAL LANE SO
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP (X) Change () Addition
Name: GOODWIN, ALMA
Address: 5516 COASTAL LANE SO
City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC (X) Change () Addition
Name: GOODWIN, ALMA
Address: 5516 COASTAL LANE SO
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALMA ALONSO-GOODWIN

PRES

05/18/2005

Electronic Signature of Signing Officer or Director

Date