

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90199 029 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     |                                                                           |                                                                                   |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|
| <b>DOCUMENT # P04000093560</b><br>1. Entity Name<br><b>EXPRESS SERVICE MESSENGER &amp; TRUCKING, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                                     |                                                                           |  |          |
| Principal Place of Business<br><b>6001 NW 153RD ST #102<br/>MIAMI LAKES, FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                     | Mailing Address<br><b>6001 NW 153RD ST #102<br/>MIAMI LAKES, FL 33014</b> |                                                                                   |          |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | 3. Mailing Address                                                                  |                                                                           |                                                                                   |          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Suite, Apt. #, etc.                                                                 |                                                                           |                                                                                   |          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | City & State                                                                        |                                                                           |                                                                                   |          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                     | Zip                                                                                 | Country                                                                   |                                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 04192005 Chg-P                                                                      |                                                                           | CR2E034 (10/03)                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 4. FEI Number <b>20-1259868</b>                                                     |                                                                           | Applied For<br>Not Applicable                                                     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/>                           |                                                                           | <b>\$8.75</b> Additional Fee Required                                             |          |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     | 7. Name and Address of New Registered Agent                               |                                                                                   |          |
| CIFUENTES, GUSTAVO A<br>6001 NW 153RD ST #102<br>MIAMI LAKES, FL 33014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                                     | Name                                                                      |                                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     | Street Address (P.O. Box Number is Not Acceptable)                        |                                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     | City                                                                      |                                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     | <b>FL</b>                                                                 |                                                                                   | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                     |                                                                           |                                                                                   |          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00</b> May Be<br>Added to Fees                                             |          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |                                                                                   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>CIFUENTES, GUSTAVO A<br>6001 NW 153RD ST #102<br>MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                             |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                     | 4/26/05                                                                   |                                                                                   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                                     | Date                                                                      |                                                                                   |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                     | Date/Time Phone #                                                         |                                                                                   |          |