2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # P04000107903** 04-12-2006 90072 037 ***158.75 TL EXPRESS SERVICES, INC. Mailing Address Principal Place of Business 4487 N LINIVERSITY DR 10420 NW 10TH STREET PLANTATION, FL 33322 FORT LAUDERDALE, FL 33351 2. Principal Place of Business 3. Mailing Address 4487 N UNIVERSITY DR Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 42-1644121 Not Applicable LAUDERHILL Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMSTUTZ, TERESA L Street Address (P.O. Box Number is Not Acceptable) **10420 NW 10TH STREET** PLANTATION, FL 33322 City 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 04-12-06 TERESA I. AMSTUTZ (MOTE: Registered Agent signature required when reinstrating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TITLE AMSTUTZ, TERESA L HAME NAME STREET ADDRESS **10420 NW 10TH STREET** STREET ADDRESS PLANTATION, FL. 33322 CITY-ST-ZIP CITY-ST-ZIP 7 ☐ Detete [X] Chance ☐ Addition MILE MLE HERNAMDEZ, HUMBERLO NAME NAME HERNANDEZ HUMBERTO 10420 NW 10TH ST. STREET ADDRESS STREET ADDRESS 10420 NW 10TH ST CITY. ST. 70 CITY-ST-ZIP PLANTATION, FL 33322 PLANTATION FL.33322 ☐ Change ■ Addition ITTI E · C) Delete TILE HERNANDEZ, MARGARITA NAME NAME STREET ADDRESS STREET ADDRESS 10420 NW 10TH ST CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP ☐ Addition TITLE 🔲 Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE

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 fits report or suppliemental 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 attactment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

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