

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115281

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: HAITI TRANSFERT EXPRESS, INC.

## Current Principal Place of Business:

13796 NE 11TH AVENUE  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

13796 NE 11TH AVENUE  
NORTH MIAMI, FL 33161

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESTIME, WILFORD  
13796 NE 11TH AVENUE  
NORTH MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESTIME, WILFORD  
Address: P.O. BOX 22  
City-St-Zip: APOPKA, FL 32704

Title: VP ( ) Delete  
Name: MENARD, TILAINÉ  
Address: 13796 NE 11TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ESTIME, WILFORD  
Address: 13796 NE 11TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: LIGER, GEORGE  
Address: 13796 NE 11TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

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: WILFORD ESTIME

P

03/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date