


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 040 \*\*\*150.00

<b>DOCUMENT # P04000167029</b>		
1. Entity Name <b>ON TIME CARGO EXPRESS, INC.</b>		

Principal Place of Business <b>6555 NW 36TH STREET 114 VIRGINIA GARDENS, FL 33166</b>	Mailing Address <b>6555 NW 36TH STREET 114 VIRGINIA GARDENS, FL 33166</b>
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2. Principal Place of Business <b>2676 NW 97 AVE</b>	3. Mailing Address <b>2676 NW 97 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33172</b>	Zip <b>33172</b>
Country <b>USA</b>	Country <b>USA</b>

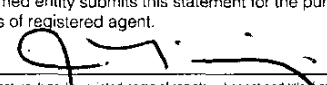


04052005 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MARTINEZ, IVONNE L MS. 15120 SW 149 AVENUE MIAMI, FL 33196</b>	7. Name and Address of New Registered Agent Name <b>Julio Michelen</b> Street Address (P.O. Box Number is Not Acceptable) <b>2676 NW 97 AVE.</b> City <b>MIAMI</b> FL Zip Code <b>33172</b>
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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 	DATE <b>04/06/2005</b>
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAFAEL, GONZALEZ SR. 6555 NW 36TH STREET., # 114 VIRGINIA GARDENS, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Julio Michelen 2676 NW 97 Ave. Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martinez Ivonne 15120 SW 149 AVE. MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 	DATE <b>04/06/2005</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #