## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

**SIGNATURE:** 

## Apr 04, 2005 8:00 am Secretary of State DOCUMENT # P04000167432 1. Entity Name 04-04-2005 90061 005 \*\*\*150.00 FIGUEROA EXPRESS, INC. Principal Place of Business Mailing Address 2308 BETTY SUE TERRACE ORLANDO FL 32808 2308 BETTY SUE TERRACE ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address 2308 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 59-35511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIGUEROA, CARMEN 2308 BETTY SUE TERRACE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 City Zip Code 8. The above named entity submits this statement to 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT Marcio Figueroa SR. 2308 OCTA SVE TERROCE TITLE THE X Addition ☐ Change NAME NAME Berg' SUE TERRUCE STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP ORlundo, FLORIDA 32508 TITLE TITLE Vice - President ☐ Change X Addition Carmen LovisA Figueroa 2308 Betty Sue Terruce errol NAME NAME STREET ADDRESS STREET ADDRESS ORlundo, FLORIDA 32808 CITY-ST-ZIP CHTY-ST-7(P 28 TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**