

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90005 030 \*\*\*150.00

<b>DOCUMENT # P05000023247</b> 1. Entity Name <b>G.C. EXPRESS INCORPORATED</b>					
Principal Place of Business <b>7803 NW 72ND AVE MIAMI, FL 33166</b>			Mailing Address <b>7803 NW 72ND AVE MIAMI, FL 33166</b>		
2. Principal Place of Business <b>8240 NW South River Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8240 NW South River Dr.</b> Suite, Apt. #, etc.			
City & State <b>Medley, Florida</b>		City & State <b>Medley, Florida</b>		4. FEI Number <b>20-2322868</b>	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PALLERO, FRANCISCO J 7803 NW 72ND AVE MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>PALLERO, FRANCISCO I.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8240 NW. South River Dr.</b> City <b>Medley</b> <b>FL</b> Zip Code <b>33166</b>		
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 <b>FRANCISCO I. PALLERO</b> <b>president</b> <b>2-17-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PALLERO, FRANCISCO J</b> <b>7803 NW 72ND AVE</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PALLERO, MARIA C</b> <b>7803 NW 72ND AVE</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 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: **FRANCISCO I. PALLERO** **president** **2-17-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #