

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90193 014 ***150.00

DOCUMENT # P05000036047					
1. Entity Name AURELIA EXPRESS CORP.					
Principal Place of Business 11 SE 5 AVE HIALEAH, FL 33010 US			Mailing Address 11 SE 5 AVE HIALEAH, FL 33010 US		
2. Principal Place of Business - No P.O. Box # 111 SE 5 AVE		3. Mailing Address 111 SE 5 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL		City & State HIALEAH, FL		4. FEI Number 20-2474152	
Zip 33010		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REYES, AURELIA 11 SE 5 AVE HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Aurelia Reyes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> AURELIA REYES <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 4-17-07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST REYES, AURELIA 15268 SW. 21 PL MIRAMAR, FL 33027		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	111 SE 5 AVE HIALEAH, FL 33010
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
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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 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: <i>Aurelia Reyes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			AURELIA REYES <small>Date</small>		
			4-17-07 <small>Daytime Phone #</small>		

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04172007 Chg-P CR2E034 (12/06)