

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90288 003 ***150.00

60025698



DOCUMENT # P05000165183			
1. Entity Name PORT EVERGLADES XPRESS, INC.			
Principal Place of Business PO BOX 830310 MIAMI, FL 33283-0310		Mailing Address PO BOX 830310 MIAMI, FL 33283-0310	
2. Principal Place of Business 7500 NW 82d Place		3. Mailing Address Same	
Suite, Apt. #, etc. Medley, FL 33166-2163		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33166-2163	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> <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 AUSTIN, RICHARD B 1560 SW 97TH STREET MIAMI, FL		7. Name and Address of New Registered Agent Name Jorge L. Dones Street Address (P.O. Box Number is Not Acceptable) 7500 NW 82d Place City Medley FL Zip Code 33166-2163	
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 		Jorge L. Dones (NOTE: Registered Agent signature required when reinstating)	
DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSD AUSTIN, RICHARD B PO BOX 830310 MIAMI, FL 332830310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dones, Angel J. P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7500 NW 82d Place, Medley, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Krissel VP-S-T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7500 NW 82d Place, Medley, FL 33166
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 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: 		Angel J. Dones, President 04/05/06 (305) 594-0598	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

LAW OFFICES OF

Richard B. Austin

POST OFFICE BOX 830310
MIAMI, FLORIDA 33283-0310

60025698

P05000165183

FILE NO:

April 7, 2006

TELEPHONE 592-0036
AREA CODE 305

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Filing of 2006 For Profit Annual Report

Ladies & Gentlemen:

Enclosed please find the 2006 For Profit Corporation Annual Report for my client, Port Everglades Xpress, Inc.

Please note the Report provides for a change in officers, directors and registered agent. All required signatures are set forth to reflect these changes.

I also include my Law Account check No. 1409 payable to the order of the Florida Department of State in the amount of \$150.00 in full payment of this statutory fee.

If you are in need of additional information, explanation or funds please feel free to contact at the telephone number listed in the letterhead.

Very truly yours,



RICHARD B. AUSTIN

RBA:jb

Encls.: (2)

cc: Angel J. Dones, President
John Krissel, Vice President
Jorge L. Dones, Registered Agent