2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-11-2008 90019 006 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000047198

1. Entity Name
TWEETY EXPRESS CORPORATION

Principal Place of Business	Mailing Address
210 TIFTON STREET WINTER HAVEN FL 33880 US	210 TIFTON STREET WINTER HAVEN FL 33880 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	40 POE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINTER HAVEN FL
Zip / Country	Zip: 33884 / Country

4. FEI Number: 20-8866601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCO, FELIX A
210 TIFTON STREET
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name: TWEETY EXPRESS CORP.
Street Address (P.O. Box Number is Not Acceptable): 40 POE DR
City: WINTER HAVEN FL Zip Code: 33884

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: BLANCO, FELIX A STREET ADDRESS: 210 TIFTON STREET CITY-ST-ZIP: WINTER HAVEN FL 33880	☐ Delete	TITLE: P NAME: BLANCO FELIX A STREET ADDRESS: 40 POE DR CITY-ST-ZIP: WINTER HAVEN FL 33884	☑ Change ☐ Addition
TITLE: VP NAME: SANCHEZ, LICET D STREET ADDRESS: 210 TIFTON STREET CITY-ST-ZIP: WINTER HAVEN FL 33880	☐ Delete	TITLE: VP NAME: SANCHEZ, LICET D STREET ADDRESS: 40 POE DR CITY-ST-ZIP: WINTER HAVEN Fl 33884	☑ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #