

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000008272

1. Entity Name
MIDNITE EXPRESS, INC.



Principal Place of Business
5590 NW 84TH AVENUE
MIAMI, FL 33166

Mailing Address
5590 NW 84TH AVENUE
MIAMI, FL 33166



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0461706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMASINI, ROLANDO
233 NW 101 AVE
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PONCE, LUISA 5590 NW 84TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TOMASINI, ROLANDO M 5590 NW 84TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TOMASINI, ROLANDO 5590 NW 84TH AVENUE MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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05/09/07-80090-009 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07 (305) 593 0443
Date Daytime Phone #