

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P94000028385**

**1. Entity Name  
NATIVE TREE EXPRESS, INC.**



**Principal Place of Business  
467 E. 9 STREET  
HIALEAH, FL 33010 US**

**Mailing Address  
P.O. BOX 660494  
MIAMI SPRINGS, FL 33266 US**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0481813**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**VEGA, SALVADOR  
231 DEER RUN  
MIAMI SPRINGS, FL 33166**

**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**

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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution ☐**

**\$5.00 May Be  
Added to Fees**

**000000270580  
03/21/05-80013-001 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME VEGA, SALVADOR  
STREET ADDRESS 231 DEER RUN  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**SALVADOR VEGA 3/15/05 (305) 888-2893  
P.E.S.**

Date

Daytime Phone #