FILED Apr 16, 2004 8:00 am Secretary of State

2004	FOR	PROFI [*]	Г CORP	ORAT	NOI
	A	NNUAL	REPOR	RT	

DOCUMENT # P94000029149 1. Entity Name RABBIT INTERNATIONAL EXPRESS, INC.					04-16-2004 90086 013 ***150.00					
Principal Place of Business	Mailing Address					•				
11117 W. OKEECHOBEE RD		11117 W. OKEECHOBEE RD						 -		
SUITE 113 HIALEAH, FL 33018 US		SUITE 113								
MALEAM, FL 33018 US	MINLEAM, FL 33018	HIALEAH, FL 33018 US			in (1) 1) 					
2. Principal Place of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Chg-P	CR2E034			7	
City & State	City & State	City & State		I	4. FEI Number 65-0483014			plied For t Applicable	1	
Zip Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Add Fee Required					
6. Name and Address of Co	urrent Registered Agent			7. Name an	d Address of Nev	Registered Ag			1	
GARFIAS, JUAN F		.	Name				• •			
11117 W. OKEECHOBEE RD SUITE 113			Street Address (P.O. Box Number is Not Acceptable)							
HIALEAH, FL 33018										
			City			FL	Zip Code	a]	
8. The above named entity submits this stater the obligations of registered agent.	ment for the purpose of changing its re	egistered	d office or regi	stered agent, or be	oth, in the State of	Florida. I am far	niliar with,	and accept	1	
SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE:	Registered A	Agent signature rec	uired when reinstaling)		DATE				
FILE NOW!!! FEE IS \$150.0 After May 1, 2004 Fee will be \$				\$5.00 May Bo Added to Fees						
10. OFFICER	S AND DIRECTORS	11.			/CHANGES TO O	FFICERS AND D	IRECTORS	5 IN 11	1	
HITLE PSD	☐ Delete	TITLE NAME		OS D GARTIAS	2 200	₹ [Change	Addition		
NAME GARFIAS, JUAN F STREET ADDRESS 11117 W. OKEECHOBEE RD, STE 113				232	FALLS	BLUD.			l	
CITY-ST-ZIP HIALEAH, FL 33018	10,012 110	CITY-S		LESTON		3332	*		}	
TITLE	☐ Delete	TITLE					Change	Addition	1	
NAME		NAME								
STREET ADDRESS 1 CITY-ST-ZIP		STREET CITY-S	ADDRESS					-		
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STREET ADDRESS			ADDRESS							
CITY-ST-ZIP		CITY-S	IT- ZIP							
TITLE NAME	☐ Delete	TITLE NAME				[Change	☐ Addition		
STREET ADDRESS			ADDRESS						l	
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NAME STREET ADDRESS		NAME	ADDRESS						l	
CITY-ST-ZIP		CITY-S	I .							
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NAME -	·	NAME *		·<	•	way a provide	-		~ ~	
STREET ADDRESS CITY-ST-ZIP		STREET CITY-S	TADDRESS ST-ZIP							
	ed with this tiling does not qualify for t			Section 119 07/3	(i). Florida Statute	s. I further certify	that the in	nformation	ł	
 I hereby certify that the information suppli- indicated on this report or supplemental re- of the corporation or the receiver or truste changed, or on an attachment with an ad- 	eport is true and/accurate and that my e empowered to execute this report a dress, with all other like empowered.	s require	re shall have to d by Chapter	he same legal effe 607, Florida Statut	ct as if made unde es; and that my na	er oath; that I am ame appears in E	an officer block 10 or	or director Block 11 if		
SIGNATURE:	(rel			· ·	Uzku	30T-01	01-101	257		
SIGNATURE: SIGNATURE AND TYPE	PED OR PRINTED NAME OF SIGNING OFFICER O	A DIRECTO	я		Date	Dayt	ime Phone #			