## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 27, 2005 8:00 am Secretary of State

1. Entity Name BISCAYNE EXPRESS, INC.						04-27-2005 90333 029 ***150.00				
Principal Place of Business 4901 NW 179TH ST BISCAYNE BLDG. MIAMI, FL 33055 US			Mailing Address 4901 NW 179TH ST BISCAYNE BLDG. MIAMI, FL 33055 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112005	Chg-P	CR2E03	34 (10/03)	
City & State			City & State			4. FEI Number 65-05350	083			pplied For at Applicable
Zip	Zip Country		Zip	Coun	itry	5. Certificate of	Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SANCHEZ, ANTONIO					Street Address (P.O. Box Number is Not Acceptable)					
4901 NW 179TH ST MIAMI, FL 33055					Street Address (	T.O. GOX NORIBEI	is Not Acceptable	, 		
					City			FL	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registr					L ed office or registe:	red agent, or both,	in the State of Flo		amiliar with,	and accept
the obligat	ions of registered a	agent.								
SIGNATURE_	Signature, typed or printe	ed name of registered agent an	tilde if applicable. (NOTE	. Requalero	n Agent signature required	d when reinstating)		OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution						.00 May Be	,			
After Ma	ay 1, 2005 Fe	e will be \$550.00	Trust Fund Cont	ribution.	☐ Add	led to Fees				;
10.	ay 1, 2005 Fee	OFFICERS AND D	IRECTORS	11.			HANGES TO OFFI	CERS AND		
	PS SANCHEZ, AN	OFFICERS AND D			E		HANGES TO OFFI	CERS AND	DIRECTOR  Change	S (N 11
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210

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 apaddress, withall other like empowered.

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

4-25-05

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