


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90363 029 ***150.00

DOCUMENT # P96000054013					
1. Entity Name ARE EXPRESS, INC.					
Principal Place of Business 15104 SW 139 PLACE MIAMI, FL 33186			Mailing Address 15104 SW 139 PLACE MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ESTENOZ, ARTURO 15104 SW 139 PLACE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTENOZ, ARTURO <input type="checkbox"/> Delete 15104 SW 139 PLACE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 ARTURO ESTENOZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 HUNTER WAY CLAYTON NC 27520	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTENOZ, LOURDES <input type="checkbox"/> Delete 15104 SW 139 PLACE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 ESTENOZ, LOURDES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 HUNTER WAY CLAYTON NC 27520	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			4/10/04 (919) 302-0885		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

14004220



01152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0682525 Applied For Not Applicable

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