


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P97000002093 1. Entity Name B'S EXPORT EXPRESS, INC. |  |
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| Principal Place of Business 700 E DANIA BCH BLVD #202 DANIA, FL 33004 US | Mailing Address 700 E DANIA BCH BLVD #202 DANIA, FL 33004 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0719032 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E DANIA BCH BLVD #202
DANIA, FL 33004

**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.

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| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | (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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRISACIER, JEAN 6730 NWD MONOCO COURT PORT SAINT LUCIE, FL 34986 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BRISACIER, JOELLE 6730 NW MONOCO COURT PORT SAINT LUCIE, FL 34986 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/26/05-80097-019 150.00

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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:  | 01/25/05 <small>Date</small> | <small>Daytime Phone #</small> |
|---|---------------------------------|--------------------------------|