



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000002547</b> 1. Entity Name <b>BIG 3 EXPRESS, INC.</b>					
Principal Place of Business <b>268 TIMBERLAND COURT OLDSMAR, FL 34677</b>		Mailing Address <b>268 TIMBERLAND COURT OLDSMAR, FL 34677</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 01212004 No Chg-P CR2E034 (10/03)	
		4. FBI Number <b>65-0727507</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>RUGGIERO, MARSHA 268 TIMBERLAND COURT OLDSMAR, FL 34677</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>U000000160429 05/14/04-80003-013 150.00</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DP RUGGIERO, MARSHA 268 TIMBERLAND COURT OLDSMAR, FL 34677			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DS RUGGIERO, JOHN III 268 TIMBERLAND COURT OLDSMAR, FL 34677			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: <i>Marsha Ruggiero</i>		Marsha Ruggiero		5-1-04 7345256700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	