May 13, 2004 8:00 am **2004 FOR PROFIT CORPORATION ANNUAL REPORT Secretary of State DOCUMENT # P97000031281** 05-13-2004 90014 033 ***150.00 LGS EXPRESS COURIER SERVICES, INC. Principal Place of Business Mailing Address 54054267 8071 NW 54TH STREET 8071 NW-54TH STREET MIAMI SPRGS, FL 33166 MIAMI SPRGS, FL 33166 LIS 2. Principal Place of Business Mailing Address DRIVE 1)21VÉ (U)() Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) ·Chg-P 4. FEI Number Applied For 65-0741097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANA, CECILIO Street Address (P.O. Box Number is Not Acceptable) **13853 NW 21ST STREET** PEMBROKE PINES, FL 33028 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 of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Addition SANTANA, CECILIO SANTANA, CECILIO NAME NAME DRIVE -8071-NW 54TH STREET ZOO SOUTH Dr. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 MIAMI SORINGS, 12-33166 CITY-ST-ZIP PCED Delete Change TITLE TITLE LAWSON, OLGA LAWSON , OLGA . NAME NAME 8071 NW 54TH STREET 200 SO 5774 200 SOUTH PRIVE STREET ADDRESS STREET ADDRESS MIAMI SPRINGS, FL 33166 MIAMI SPANGS, Fr. 33166. CITY-ST-ZIP CITY-ST-ZIP Delete TOLE THLE ✓ Change ____ Addition PROBIN, JAMES M 820 SW 118th THERRAGE PROBIN, JAMES M NAME STREET ADDRESS 820 SW 118TH TERRACE STREET ADDRESS **DAVIE, FL 33325** CITY-ST-ZIP CITY-ST-ZIP DAVIE 12 33325. TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 a

CECILIO

FILED

305-418-1898

Daylime Phone #