2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059965

1. Entity Name HEYDI EXPRESS INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

SIGNATURE:

851 SE 6TH PL. HIALEAH, FL 33010 Mailing Address 851 SE 6TH PL. HIALEAH, FL 33010

	O NOT WRITE II			04292004 4. FEI Numb 65-076		CR2E034 (10/	Applied For Not Applicable Additional
VAZQUEZ, JORGE L 851 SE 6TH PL. HIALEAH, FL 33010			DO NOT WRITE IN THIS SPACE				
the colligat	named entity submits this statement for the lons of registered agent. Signature, typed or printed name of registered agent and title E NOW!!!! FEE IS \$150.00	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with, and accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Florida. I am familiar with accept depend on the state of Fl					
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			□ Ad	ided to Fees	00.000		
TO. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, JORGE L 851 SE 6TH PL. HIALEAH, FL 33010	CTORS		And the second s			
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NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP				THE RESERVE AND ADDRESS OF THE PARTY OF THE			
ł .	I certify that the information supplied with this identify that the information supplied with this identified the report of supplemental report is true reportation of the receiver or trustee empowers, or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signa ed to execute this report as requi all other like empowered.	B	·			