

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90088 045 \*\*\*150.00

DOCUMENT # P98000007496  
 1. Entity Name  
 JAC EXPRESS, INC.



Principal Place of Business      Mailing Address  
 4032 PINE RIDGE LANE      PO BOX 267274  
 WESTON, FL 33331      WESTON, FL 33326

**DO NOT WRITE IN THIS SPACE**



03042005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0807627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~MONTROYA, MARTA  
 4032 PINE RIDGE LANE  
 WESTON, FL 33331~~    *4032 Pine Ridge Ln.*

**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.

SIGNATURE: *[Signature]*    *Jorge Cherasco*    *3/4/05*  
Signature, typed or printed name of registered agent and title if applicable.    (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.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTRO, LUIS A 4032 PINE RIDGE LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MONTROYA, MARTA 4032 PINE RIDGE LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]*    *Jorge Cherasco*    *3/4/05*    *754-421294*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #