

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/15/2005-90096-011-\$150.00-\$150.00

DOCUMENT # P98000019562	
1. Entity Name OVERSEAS EXPRESS, INC.	

05 JUN 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3474 N UNIVERSITY DR SUNRISE, FL 33351 US	Mailing Address 3474 N UNIVERSITY DR SUNRISE, FL 33351 US
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2. Principal Place of Business 7408 W Commercial Blvd	3. Mailing Address 7408 W Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06062005 Chg-P CR2E034 (10/03)

City & State Lauderhill FL	City & State Lauderhill FL
Zip FL 33319	Country U.S.A
City & State Lauderhill FL	City & State Lauderhill FL
Zip 33319	Country U.S.A

4. FEI Number 65-0815251	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, ALBEIRO 3474 N UNIVERSITY DRIVE SUNRISE, FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Reg. stated Agent signature required when reinstating) DATE _____

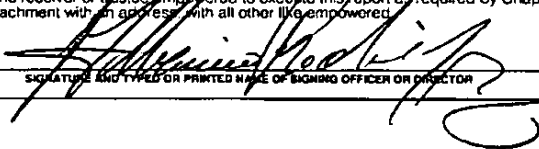
**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PSD RODRIGUEZ, ALBEIRO 3474 N UNIVERSITY DR SUNRISE, FL 33351 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JIMENEZ, LUIS 3474 N UNIVERSITY DR SUNRISE, FL 33351 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  6/11/05 (954) 7499190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #