2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05 JUN 27 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019562

1. Entity Name
OVERSEAS EXPRESS, INC.

Principal Place of Business	Mailing Address
3474 N UNIVERSITY DR SUNRISE, FL 33351 US	3474 N UNIVERSITY DR SUNRISE, FL 33351 US

06062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7408 W Commercial Blvd		7408 W commercial Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lauderhill FL		City & State: Lauderhill FL	
Zip: FL 33319	Country: U.S.A	Zip: 33319	Country: U.S.A

4. FEI Number 65-0815251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 #