

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90228 013 ***150.00

DOCUMENT # P98000062800

1. Entity Name
SOLYVENCA EXPRESS INC.



Principal Place of Business
**8968 WEST FLAGLER STREET
5
MIAMI, FL 33174**

Mailing Address
**8968 WEST FLAGLER STREET
5
MIAMI, FL 33174-6**

24070383



2. Principal Place of Business
7620 NW 25 ST

3. Mailing Address
7620 NW 25th ST

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
Bay 3

City & State
MIAMI FL

City & State
MIAMI FL

01142004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0937483

Applied For
Not Applicable

Zip
33122

Country

Zip
33122

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IGLESIAS, ADOLFO E
13501 S.W. 128TH ST.
STE. 208
MIAMI, FL 33186**

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 reinducting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**PSTD
BOLLER, ANDRES CAMPOS C
7620 N.W. 25TH ST.
MIAMI, FL 33122** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/04

(305) 477-6368