


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 040 ***150.00

DOCUMENT # P98000077931	
1. Entity Name INTERNATIONAL EXPRESS SERVICE, CORP.	

Principal Place of Business 911 N.W. 209TH AVE., UNIT 127 PEMBROKE PINES, FL 33027	Mailing Address 911 N.W. 209TH AVE., UNIT 127 PEMBROKE PINES, FL 33027
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2. Principal Place of Business <i>10165 USA Today Way</i>	3. Mailing Address <i>10165 USA Today Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIRAMAR, FL</i>	City & State <i>MIRAMAR, FL</i>
Zip <i>33025</i>	Zip <i>33025</i>
Country <i>Broward</i>	Country <i>Broward</i>



05072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0867839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORDONEZ, AURA E 911 N.W. 209TH AVE., UNIT 127 PEMBROKE PINES, FL 33027	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: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORDONEZ, AURA E 911 N.W. 209TH AVE., UNIT 127 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Aura E. Ordonez* *5/7/04* *954-8741724*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #