


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91054 041 \*\*\*150.00

<b>DOCUMENT # P98000085575</b>		
1. Entity Name <b>TITO EXPRESS, INC.</b>		

Principal Place of Business <b>13458 SW 62ND ST APT 0-104 MIAMI, FL 33183</b>	Mailing Address <b>13458 SW 62ND ST APT 0-104 MIAMI, FL 33183</b>
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2. Principal Place of Business <b>13458 SW 62ND ST Q-104</b>	3. Mailing Address <b>13458 SW 62ND ST</b>
Suite, Apt. #, etc. <b>Q-104</b>	Suite, Apt. #, etc. <b>Q104</b>
City & State <b>MIAMI FLA</b>	City & State <b>MIAMI FLA</b>
Zip <b>33183</b>	Country <b>Dade US</b>



01092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0867369</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DIEZ, ROBERTO C 13458 SW 62ND ST APT 0-104 MIAMI, FL 33183</b>	7. Name and Address of New Registered Agent Name <b>ROBERTO L DIEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>13458 SW 62ND ST Q104</b> City <b>MIAMI</b> FL <b>33183</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input 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	PVSD DIEZ, ROBERTO C 13458 SW 62ND ST APT 0-104 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DIEZ, ROBERTO, L 13458 SW 62ND ST Q104 MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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: *Robert L Diez* 4/23/04 954-888-6516  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #