


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000101958  
1. Entity Name  
EXPRESS AVIATION, INC.



Principal Place of Business  
2400 W 84 STREET STE 20  
MIAMI LAKES, FL 33016

Mailing Address  
2400 W 84 STREET STE 20  
MIAMI LAKES, FL 33016



02032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0964807 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BIVENS, WILLIAM E  
14520 MUSTANG TRAIL  
FT LAUDERDALE, FL 33330

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000126118  
04/23/04-80021-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIVENS, WILLIAM E 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BIVENS, BARBARA 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIVENS, RYAN MICHAEL 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIVENS, AMANDA JOY 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *William E. Bivens* *William E. Bivens* 04/23/2004 305-819-3909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #