


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



02032004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0964807      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	P
NAME	BIVENS, WILLIAM E
STREET ADDRESS	14520 MUSTANG TRAIL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33330
TITLE	VP
NAME	BIVENS, BARBARA
STREET ADDRESS	14520 MUSTANG TRAIL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33330
TITLE	D
NAME	BIVENS, RYAN MICHAEL
STREET ADDRESS	14520 MUSTANG TRAIL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33330
TITLE	D
NAME	BIVENS, AMANDA JOY
STREET ADDRESS	14520 MUSTANG TRAIL
CITY - ST - ZIP	FORT LAUDERDALE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 #