


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 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**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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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04/11/05-80013-022 150.00

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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 prepare 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:  **04/06/2005 305-819-3909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #