

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25382

Entity Name: CANNON EXPRESS, INC.

FILED  
Jan 31, 2007  
Secretary of State

**Current Principal Place of Business:**

1904 NW 82 AVE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 52-3682  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 59-2618944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPS, ANA MARGARITA  
5421 S.W. 155 PLACE  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: CAMPS, ANA MARGARITA  
Address: 5421 SW 155 PLACE  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: CAMPS, JORGE L  
Address: 2640 SW 69 AVE.  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA MARGARITA CAMPS

PRES

01/31/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date