

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25382

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CANNON EXPRESS, INC.

**Current Principal Place of Business:**

5421 S.W. 155 PLACE  
MIAMI, FL 33185 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

Title: T (X) Delete  
Name: CAMPS, ASTRID E  
Address: 2640 W 69 AVE.  
City-St-Zip: MIAMI, FL 33155

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

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

Title: VP (X) Change ( ) Addition  
Name: CAMPS, JORGE L  
Address: 2637 SW 65 AVE.  
City-St-Zip: MIAMI, FL 33155

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

I hereby certify that the information supplied with this filing does not qualify 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

DPTS

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date