

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027388

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: TOWN XPRESS, INC.

## Current Principal Place of Business:

14960 SW 9TH LANE  
MIAMI, FL 33194

## New Principal Place of Business:

13262 SW 8TH ST.  
MIAMI, FL 33184

## Current Mailing Address:

14960 SW 9TH LANE  
MIAMI, FL 33194

## New Mailing Address:

FEI Number: 65-1095341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABRAMSON, EDWARD J  
7270 N.W. 12TH STREET  
SUITE 580  
MIAMI, FL 33126 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: PD ( ) Delete  
Name: MATAS, MARIA Y  
Address: 14690 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33194

Title: V (X) Delete  
Name: MATAS, ANA I  
Address: 14960 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33194

Title: S ( ) Delete  
Name: GIUSEPPE, SANTULLI  
Address: 14960 S 9TH LANE  
City-St-Zip: MIAMI, FL 33194

Title: M ( ) Delete  
Name: REGLA, MICHEL  
Address: 14960 SW 9TH LN.  
City-St-Zip: MIAMI, FL 33194

Title: T ( ) Delete  
Name: SANCHEZ, ERNESTO  
Address: 14960 SW 9TH LN.  
City-St-Zip: MIAMI, FL 33194

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MARIA Y MATAS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date