


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000057932

1. Entity Name
RAPICARGO EXPRESS, CORP.



Principal Place of Business Mailing Address

**3131 WEST OAKRIDGE RD.
 BLDG. 10, APT. 1
 ORLANDO, FL 32809**

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 BLDG. 10, APT. 1
 ORLANDO, FL 32809**

DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-2703499 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VASQUEZ, ISAAC A
 3131 WEST OAKRIDGE RD.
 BLDG. 10, APT. 1
 ORLANDO, FL 32809**

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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
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRUZ VASQUEZ, SOLANGEL
STREET ADDRESS	3131 WEST OAKRIDGE RD., BLDG 10, APT. 1
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	VASQUEZ, ISAAC A
STREET ADDRESS	3131 WEST OAKRIDGE RD., BLDG 10, APT. 1
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/28/07-80007-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Solangel Cruz Vasquez* **8/14/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #