

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 05, 2007  
Secretary of State**

DOCUMENT# P05000156370

Entity Name: ZEUS TRANSPORT SERVICES INC

**Current Principal Place of Business:**

771 WEST 50 ST  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

771 WEST 50 ST  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 20-3856677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOENGAS, DAYAMI C  
771 WEST 50 ST  
HIALEAH, FL 33012      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

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: DIAZ, JORGE L  
Address: 771 WEST 50 ST  
City-St-Zip: HIALEAH, FL 33012 US

Title: VS (X) Delete  
Name: SOENGAS, DAYAMI C  
Address: 771 WEST 50 ST  
City-St-Zip: HIALEAH, FL 33012 US

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

Title: PVDT (X) Change ( ) Addition  
Name: SOENGAS, DAYAMI C  
Address: 771 WEST 50 ST  
City-St-Zip: HIALEAH, FL 33012 US

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: DAYAMI SOENGAS

PVDT

11/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date