2008 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 05, 2008 8:00 am Secretary of State DOCUMENT # P07000032304 09-05-2008 90002 044 ***150.00 HOOK EXPRESS, INC. Principal Place of Business Mailing Address 40110001 7240 SW 14TH STREET 7240 SW 14TH STREET MIAMI, FL 33144 US MIAMI, FL 33144 US 3. Mailing Address アンイン SW 1YST 2. Principal Place of Business - No P.O. Box # 7240 SW 1451 07092008 CR2E034 (12/06) Cha-P 4. FEI Number 20-86286 74 Applied For City & State City & State liami Not Applicable Country \$8.75 Additional ADE 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent LAXMY'S CARRIER SERVICES Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36TH STREET STE 14C MIAMI, FL 33166 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME **BELLO, MAXIMILIANO A** NAME **7240 SW 14TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP TITLE Change Addition TILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ΣIT) F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

305-246/603 Daytime Phone #