## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000126196

Entity Name: A & A EXPRESS, INC.

Name:

Address: City-St-Zip: MORALES, ODALIS

4880 SW 196 LANE

SW RANCHES, FL 33332 US

FILED Jan 08, 2009 Secretary of State

Littly Nan	HE. AGALAF	RESS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4880 SW 1 SW RANC	96 LANE HES, FL 3333:	2 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4880 SW 1 SW RANC	96 LANE HES, FL 3333:	2 US			
FEI Number:	26-1562927	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Age				f New Registered Agent:	
10071 PINE BUILDING- PEMBROK The above in the State	ES BLVD -B, SUITE-A -E PINES, FL 3 named entity s	ubmits this statement for the pur	pose of changing its registered	d office or registered agent, or both,	
Electronic Signature of Registered Agent			:	 Date	
Election Can		(2)(b), F.S., the corporation did not r Trust Fund Contribution ( ). FORS:	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MORALES, FIDE 4880 SW 196 LA SW RANCHES,	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MORALES, ANG 4880 SW 196 LA SW RANCHES,	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FIDEL A. MORALES D 01/08/2009