


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 345797</b>	
1. Entity Name HORNERXPRESS-SOUTH FLORIDA, INC.	

Principal Place of Business 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309	Mailing Address 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1234469	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

KENT, WILLIAM A  
 5755 POWERLINE ROAD  
 FT. LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENT, WILLIAM
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL,
TITLE	VT
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE RD
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	S
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWERLINE RD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000779239  
 01/11/08-80030-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: Craig Bolenbaugh **CRAIG BOLENBAUGH** 1/4/08 954-772-6966  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #