2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002585

City-St-Zip:

City-St-Zip:

Title:

Name: Address: NEW YORK, NY 10001

FIORDALIZA, RAMOS

350 WEST 31ST STREET

NEW YORK, NY 10001

(X) Delete

FILED Jan 14, 2009 Secretary of State

Entity Name: MATEO EXPRESS INC **Current Principal Place of Business: New Principal Place of Business:** 350 WEST 31ST STREET SUITE 501 NEW YORK, NY 10001 **New Mailing Address: Current Mailing Address:** 350 WEST 31ST STREET 350 WEST 31ST STREET SUITE 501 SUITE 501 NEW YORK, NY 10001 NEW YORK, NY 10001 US FEI Number: 13-3767675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARJA ASSOCIATES, INC. 4315 N.W. 7TH STREET SUITE #51 MIAMI, FL 33126 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition AQUIRIO, HECTOR AQUINO, HECTOR F Name: Name: 350 W 31ST 50 350 WEST 31ST STREET, STE 501 Address: Address: City-St-Zip: NEW YORK, NY 10001 DR City-St-Zip: NEW YORK, NY 10001 US Title: CCO Title: CCO (X) Change () Addition () Delete Name: DIAZ, MARIEL Name: DIAZ MARIFI G 350 W. 31ST STREET 350 WEST 31ST STREET, STE 501 Address: Address: NEW YORK, NY 10001 US NEW YORK, NY 10001 City-St-Zip: City-St-Zip: Title: (X) Change () Addition GM () Delete Title: GA HECTOR, AQUINO RAMOS, FIORDALIZA Name: Name: 350 WEST 31ST STREET 350 WEST 31ST STREET, STE 501 Address: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIEL DIAZ CCO 01/14/2009

NEW YORK, NY 10001 US

() Change () Addition