


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90045 026 \*\*\*150.00

**DOCUMENT # F07000000146**

1. Entity Name  
**VOXXPRESS INC**



Principal Place of Business      Mailing Address  
**8830 OAK LANDING CT**      **8830 OAK LANDING CT**  
**ORLANDO, FL 32836**      **ORLANDO, FL 32836**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**7225 BROOMSHEDGE TRAIL**      **7225 BROOMSHEDGE TRAIL**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**WINTER GARDEN, FL**      **WINTER GARDEN, FL**

Zip      Country      Zip      Country  
**34787**      **USA**      **34787**      **USA**



08292008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**06-1625265**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNORS SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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      **PRESIDENT**      **08/28/2008**

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 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>MARQUES, JOAQUIN</b> <b>47 BURSALL DRIVE</b> <b>GREENWICH, CT 068314903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARQUES, JOAQUIN</b> <b>7225 BROOMSHEDGE TRAIL</b> <b>WINTER GARDEN, FL 34787</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>FERNANDEZ-MARQUES, ELIZABETH</b> <b>7225 BROOMSHEDGE TRAIL</b> <b>WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joaquin M. Marques*      **08/28/2008**      (407)620-9428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #