2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2007
Secretary of State

DOCUMENT# F93000002125

Entity Name: X-PRESS FREIGHT FORWARDERS INC.

Current Principal Place of Business:

STATE ROAD 190 KM 3.4
SABANA ABAJO WARD
CAROLINA, PR 00984

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3557
CAROLINA, PR 00984

New Mailing Address:

300A WHARFSIDE WAY
C/O KIRSCHNER & LEGLER, PA
JACKSONVILLE, FL 32207 US

FEI Number: 66-0443506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32003 US

Name and Address of New Registered Agent:

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: MITCHELL W LEGLER
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: VILANOVA, ERNESTO
Address: 1223 LUCHETTI ST., ROMAN MANSIONS CNDO,#2N
City-St-Zip: CONDADO, PR 00907

Title: VTD ( ) Delete
Name: VILANOVA, LIZA
Address: COND. PARK LANE, #63-65 SANTIAGO IGLEGIAS
City-St-Zip: SAN JUAN, PR 00907

Title: S ( ) Delete
Name: VILANOVA, IVONNE
Address: MURANO LEXURY APT., AVE. LAS CUMBRES FINAL
City-St-Zip: EWAYNABO, PR 00969

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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.

SIGNATURE: LIZA VILANOVA VP 10/15/2007
Electronic Signature of Signing Officer or Director Date