

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90016 019 \*\*\*\*61.25

<b>DOCUMENT # N02000000442</b>					
<b>1. Entity Name</b> CONFERENCIA LATINOAMERICANA DE COMPANIAS EXPRESS, INC.					
<b>Principal Place of Business</b> 1212 MARIANA AVE CORAL GABLES, FL 33134			<b>Mailing Address</b> P.O. BOX 260326 MIAMI, FL 33126		
<b>2. Principal Place of Business - No P.O. Box #</b> 829 MAJORCA AVE		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CORAL GABLES		<b>City &amp; State</b>			
<b>Zip</b> 33134		<b>Country</b> FL		<b>4. FEI Number</b> 75-2984785	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CAPLAN, FRANKLIN H ESQ. BERGER SINGERMANN, P.A. 200 S. BISCAYNE BLVD., SUITE 1000 MIAMI, FL 33313			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE				DATE 7/15/08	
Filing Fee is \$61.25 Due by September 12, 2008				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D <b>NAME</b> FLOWERS, STEPHEN D <b>STREET ADDRESS</b> 13160 SW 43RD STREET <b>CITY-ST-ZIP</b> DAVIE, FL 33330	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> SANTEIRO, FRANCISCO X <b>STREET ADDRESS</b> 7651 SW 137TH STREET <b>CITY-ST-ZIP</b> PALMETTO BAY, FL 33158	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> CENTO, JUAN N <b>STREET ADDRESS</b> 8705 SCHOOLHOUSE RD <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> CROOK, ROGER A <b>STREET ADDRESS</b> 1555 COLE STREET <b>CITY-ST-ZIP</b> SAN FRANCISCO, CA 94117	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> PINSON, PABLO <b>STREET ADDRESS</b> 1581 BRICKELL AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33129	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ROZA, MANUEL <b>STREET ADDRESS</b> 18465 NE 30TH PLACE <b>CITY-ST-ZIP</b> AVENTURA, FL 33160	<input checked="" type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> D <b>NAME</b> MYRON GRAY <b>STREET ADDRESS</b> 3401 NW 67 Ave Bldg 805 <b>CITY-ST-ZIP</b> MIAMI, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
(Additional rows for additions/changes would follow the same pattern)					
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> FRANCISCO SANTEIRO 7/15/08 786-388-2780					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					