

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000442

FILED
Apr 21, 2009
Secretary of State

Entity Name: CONFERENCIA LATINOAMERICANA DE COMPANIAS EXPRESS, INC.

Current Principal Place of Business:

829 MAJORCA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260326
MIAMI, FL 33126

New Mailing Address:

829 MAJORCA AVENUE
CORAL GABLES, FL 33134

FEI Number: 75-2984785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, FRANKLIN H ESQ.
BERGER SINGERMAN, P.A.
200 S. BISCAYNE BLVD., SUITE 1000
MIAMI, FL 33313 US

Name and Address of New Registered Agent:

RUGA, RAIMUNDO L
829 MAJORCA AVENUE
CORAL GABLES, FL 33134 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: RAIMUNDO L. RUGA

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAY, MYRON
Address: 3401 NW 67 AVE BLDG 805
City-St-Zip: MIAMI, FL 33122 US

Title: T () Delete
Name: SANTEIRO, FRANCISCO X
Address: 7651 SW 137TH STREET
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: D () Delete
Name: CENTO, JUAN N
Address: 8705 SCHOOLHOUSE RD
City-St-Zip: MIAMI, FL 33143 US

Title: D () Delete
Name: CROOK, ROGER A
Address: 1555 COLE STREET
City-St-Zip: SAN FRANCISCO, CA 94117 US

Title: D () Delete
Name: PINSON, PABLO
Address: 1581 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33129 US

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAIMUNDO L. RUGA

RA

04/21/2009

Electronic Signature of Signing Officer or Director

Date